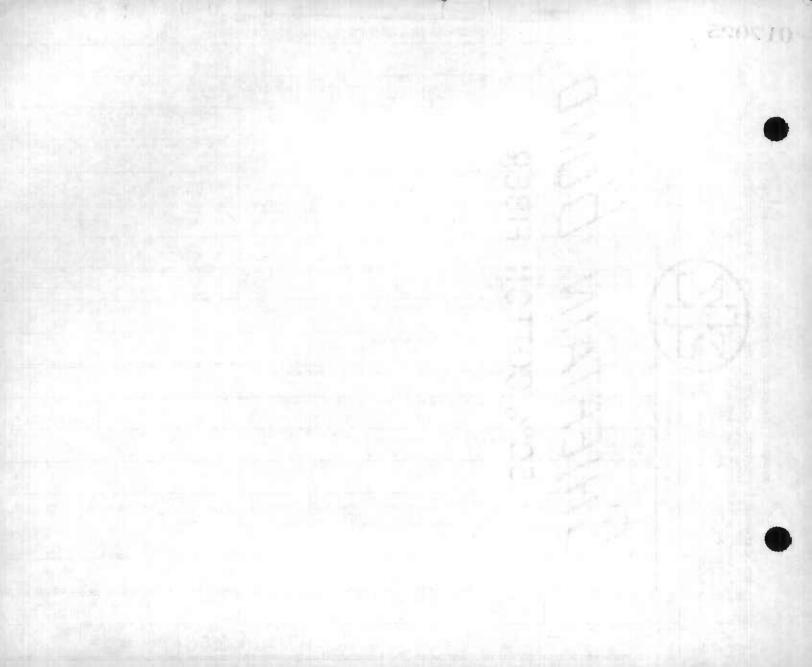
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE! EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING", IN Y PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL ID INECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MA BATTIMORE, MARYLAND, 21301 PRICR TO BURIAL, CREMATION,	23a B	UDIAL CREAA	TION DE	FMOVAL 123	h DATE	122.	NAME OF CEM		CREMATO	RY	123d TOC	ATION					
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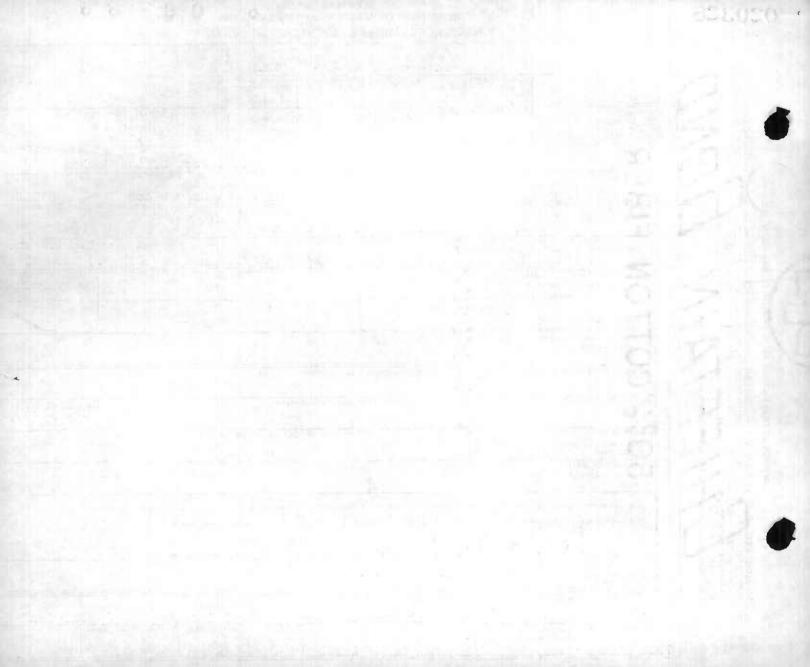
STATE OF MARYLAND

ASE York Board Balto., N Dr 21212

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× ×	UTED WITHI IN PENCIL EXAMINER EIAL - TRANS O MENTAL F		lying cause	tating the <u>under</u>	DUE TO, OR	AS A CONSEQUENCE	OF					
5, 20	P. ZANA				(c)							
50	UID BE EXECUTED F. PENDING" IN PI F. MEDICAL EXAM F. AS A BURIAL HEALTH AND ME AL, CREMATION, (7				BUT NOT RELATED TO THE TE	IMINAL DISEAS	DR CONDITION GIVEN IN	PART 1 (a)			
EC	A S A S A C C C C C C C C C C C C C C C	E E	Sel 190 DATE OF C		isorder	TION FOR WHICH OPE	DATIONIA	AC DEDECODATED			I	
DIVISION OF VITAL RECORDS, 201 W.	CRTIFICATE SHOUD TING THE WORD "PE DE TO THE CHIEF A SENOUD BE USED, DEPARTMENT OF HE I PRIOR TO BURIAL, O	MEDICAL CERTIFICATION	190 DATE OF	DPERATION	196 CONDI	HON FOR WHICH OPE	RATION W	AS PERFORMED?			HED C	
N N	WORD WORD WORD WORD WINT OF	ER	21a EXTERNAL	CAUSE WAS	216 TIME OF	INILIRY	21c H	W IN HIPY OCCUPE	RED (ENTER NATURE OF INJURY	IN ITS A 10 DARY 1 OR DA	YES 🔀	NO [
Ō	HE WENTER	N C		Ø OR G ☐ CAUSE OF I		MONTH DAY YE	AR			INTERNIORANI I OKEAN	(12)	
Sio	CERTIFIC TING THE CERTIFIC COST SHOULD DEPART	DIC	21d INTURY OF	CURRED		DE INJURY (ATHOME,		lf ingeste	eu			
DIV	THIS GER WARDED WARDED PAGE 3 S STATE DEP	ME	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR TOWN		YING	STATE
	E, WA					home ONT			ingham Dr. 1	7	o., Md.	
1960	L EXAMINER: E CERTIFICATE, DUID BE FORV L DIRECTOR: H, WITH THE SI MARYLAND,					CIID (HEAD LONI				J, and in my ap	inion	
	AMI RECI		death resulted	tram: Notu	ral causes,	Accident, S	uicide 🗵		Undetermined manne			
	CAL EXA THE CERT SHOULD SATH, WIT ORE, MAR		ACTUAL	WOW	11 to 1 m	9milla	9	ASSISTAIN	t	DAT2	-14-86	
	SHE SHE		SIGNATURE_			7 75-0-17	M D	.D	Penn Stree		D	
	DE 4 Z D Z		EXAMINER'S N	AAAE	Margarita	A. Korell	,M.D.	TTT	Pelli Derec			
	M SHERE		TYPE OR PRIN	T)	rar garra			ADDRESS				
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BALTIMORE, MARYL	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL, CREMATI	ON, REMOVAL 2		23c NAME OF C		ADDRESSR CREMATORY	23d LOCATION		474	
07/84		(5	URIAL, CREMATI		3b. DATE	23c NAME OF C	EMETERY O	R CREMATORY	234 LOCATION CITY OR TOWN Baltimore	COUN		and
07/84 25M	/	Bu	URIAL CREMATI	ON, REMOVAL 2		23c NAME OF C	EMETERY O	R CREMATORY meterv	Baltimore		Maryl	



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

STATE



06	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O O A	68
2		PEASED NAME FIRST THOMAS	ANDERSON	LAST	JANUARY 9, 19	26 HOUR 4:32A
	3. SEX	MALE	A RACE BLACK	NOV.24, 1910	6. AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER TYEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
3	Va. BIF	RGINIA	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	
34	Ba	altimore	Church Home H		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I COnstruction	12b. KIND OF BUSINESS OR INDUSTRY
	130 S Vai	ryland 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN Baltimo	re 13d INSIDE CITY LIMITS?	13, STREET ADDRESS / ZIP COP 718 North Mi	Iton Ave.212
		ther's Name naries	Anderson Anderson	Katie Katie		derson
nedico	16a. W	AS DECEASED EVER IN U.S. ARA		rity no. 17 informant 5118A Virginia	Anderson 718	Milton Ave.
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line lar (a) (b) and CARC	INOMA OF MTHE	LUNG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar ather traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	JRE DISORDERS NCE OF		
ouy injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YE	IVEN IN PART 110
100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR		ES NO
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	211 LOCATION STREET	C11Y OR TOWN	COUNTY STATE
			JANUARY 9 19	JANUARY 7 19 86, and that in (my) Our opinio	86 to JANUARY 9 in death occurred on the date and ha	us and from the couses stated
7		WALKER IMPA	PRINT) GLIATELLI MD	22e ADDRESS CHI	MEDICAL STAFF DIRECTOR PHYSICIAN D URCH HOSPITAL ROADWAY BALTO.	CORPORATION
Ž / 7	23a B	URIAL, CREMATION, REMOVAL PECIFY) Burial	1/13/86 Ea	AME OF CEMETERY OR CREMATORY Stview Mem. Pk	123d LOCATION	Id.

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DHMH - 16 60M 7/84 (VRA 15, 4)

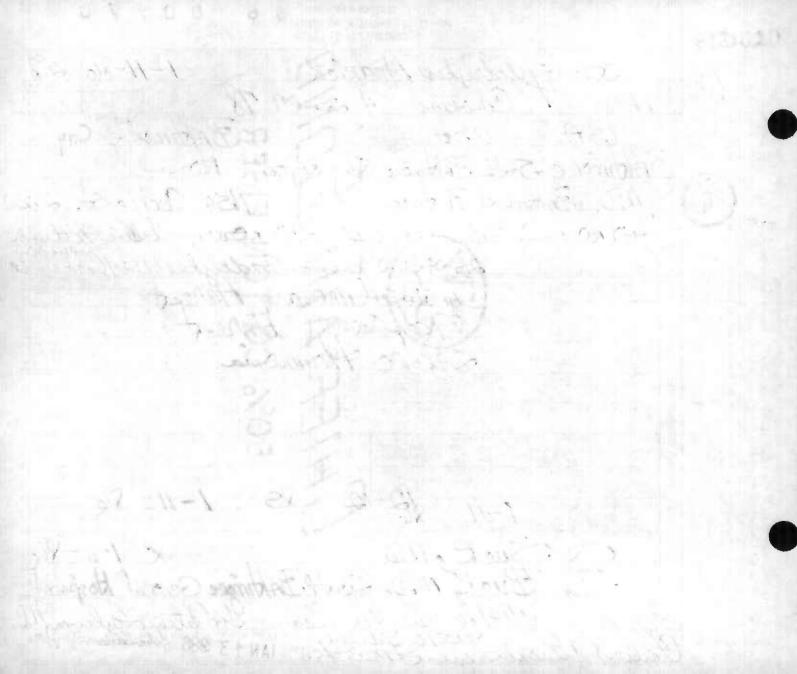
24 FUNERAL DIRECTOR

Leroy O. Dyett 4600 Liberty Hghts. Ave.

024066	1:	FOR SMATE REGISTRAR	DEPART	STATE OF MARYLAND 8 MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	6 0 0 /	6 9
		CEASED NAME FIRST	MIODLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 = m = 1	TYPE	OR PRINT) ANTHONY		ANDREWS	01	19 86 700 PM
io ap	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4	1	rale	white	MONTH BAY YEAR YEAR	90 YRS.	MONTHS DAYS HOURS MIN.
Po H		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
death. Pog		CITALY	USA	WIDOWED DIVORCED	Bauto cila	MD.
7.270.70.70	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
to s offee	1 }	bauto	FRANCIA SCO		MACHINIST	TAL CAN CO.
212 hour	W.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) 1 134. INSIDE CITY LIMITS?	13e_STREET ADDRESS	717711
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SAL SAL	14. F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
A 11 700		F1K31	ANDI	REOLI ROSALIA	-	LAST
d co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU		ADDRESS	
Pog Pog	. '	ES, NO OR UNKNOWN) (IF YES, GI		5550 RITA SHAN	ITY SSOO KNEL	LL AVE 21206
ALT ate b string pers. ol.		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., 8A physic npape movel.		PART I. DEATH WAS CAUSE		& Bram Dan	rape	
ON S ding arba or re		IMMEDIA	12 07002 (0)	ENGLOS A	. V	
STO feath rend rend ion,		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	10 almonary	Arrest	ALL CAN TO SERVICE STATE OF THE PARTY OF THE
PRE de de martinos		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	eucebe (
by th by th osere ather		underlying couse lost.	DUE TO, OR AS A CONSEGO	ENCE OF O		
201 es the ned b pleasurad, y, or a		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PARTITIO
RDS, 3	O	Metastation	0 11 0	mos Gastr		Block
RECORDS. I low required to so the sign of	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
I Re lo	THE T					TIFYING CAUSES OF DEATH?
DIVISION OF VITAL R NG PHYSICIAN: The I offending physician. Wher this certificate has as the buriol-fronsis pe th and Mental Hygiene th and Mental Hygiene arked or frem 18 shows	E	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICIAN: T ng physici certificate oriol-trons: central Hygin them 18 sh	AL	OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR		
PHYSI this ce the buring d ar h	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
IVISH G Ph offen s the s and rked	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
O O O E			ital) ottended the deceased from_	1/1+ 19 86	1/19	. 19_56 , that (1) we) lost
ATTEN ospital ECTOR: d far us t, af He m 21 is		saw the deceased alive or	ot) view the body after death.	and that in (ny) (our) opinion	death accurred on the date and ha	
8 E 8 E 6		226. SIGNATURE	on, view the body offer death.	DEGREE		22c. DATE SIGNED
0 0 0 0 0 0		mahels.	Done de	MOPHYSICIAN I	MEDICAL STAFF	1/19/86
SPIT PER		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	_ Jakerok _ / Molesak (A)	*
TO HOSPITAL retained by the TO FUNERAL I should be deta with the State I		MICHAEL S	. DONNENBERG	S FRANCIS SCO	OTT KEY MED (LITR
5 g 5 g g A	23a. 8	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
BP		BURIAL	101	OST HOLY REDEEM	CITY OR TOWN	E MD.
	24. FU	INERAL DIRECTOR	101/11 00 111		TE REC'D. BY REGISTRAN 256 REGIS	
DHMH - 16 50M 4/82 (VRA 15, 4)	,	NAME	RINC, 700 5, C		N 22 1986	" in the finales
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STATE OF MARYLAND



BALTIMORE, MARYLAND 212D

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. NO).		
1 DECEASED NAME FIRST (1YPE OR PRINT) Bennet	MIDDLE	Ans	hen	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
3 SEX	1 RACE	S. DATE (6 AGE (IN YEARS LAST BIRT		MONTHS DATE	IF UNDER 24 HRS
MALE	WHITE		. 30, 1906	79	YRS	MOINTHS CATS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	-		
MASS.	USA	WIDOWI		BALTIMO			M
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET N. CHARLES	GENER		120 USUAL OCCUPATION OF WORK FOR MOST OF BOOKKEEPE	WORKING LI	FE) INDUSTRY	OF BUSINESS OF
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN MARYLAND		/N	13d Inside City Limits? YES [XX NO]	13e STREET ADDRESS / 6996 MILBE	ZIP CODE	APT. : PARK DR.	
14 FATHER'S NAME FIRST ZALKIND	ANSHEN ANSHEN		15. MOTHER'S MAIDEN NA	MIDDLE		UNLNOL	T WW
160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIN	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 025-09-		17 INFORMANT 2605 GAGE (DANIEL MADAN CT. BALTO	SHEN	AP 21209	Г. Е
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU	ENCE OF	manaing ar	hhu t diseou	e	BETWEEN	imaje interval Onset and Death
	conditions contributing to	EN M		INAL DISEASE OR COND	ITION GIV	VEN IN PART 110	2
TO SIFE TO SIF	196. CONDITION (O) WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
OR CONTRACTOR CALLER OF OF	HOUR A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
saw the deceased alive an	ital) attended the deceased from_ 19		nd that in (my) (our) apinian	death accurred on the da	te and have	_	that (I) (we) las causes stated
22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c DATE 1/	SIGNED 12/86

IMPORTANT BP.

(VRA 15, 4)

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL JAN.13,1986

226 PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

21215

23d LOCATION BALTIMORE BETH ISAAC ADATH ISRAEL

MARYLAND

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BALTO. , MD 6010 REISTERSTOWN RD.

PESAI

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

N. CHARLES GEN. HOSP. - BALTO., MD

g 39 11

STATE OF MARYLANDS DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG, NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY 26 HOUR LIYPE OR PRINT 30 JAN 1986 MABEL ANTHON 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR FEMALE BLACK 5 1912 8 BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) DIVORCED TO WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO MERCY HOSPITAL HOMEMAKER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD BALTO 4 DUKE OF WINDSORCT 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE BROWN GEURGE BROWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! PAMELA A ROBB BNPA-C MERCY HOSP. UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic-PART I. DEATH WAS CAUSED BY 20 minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Attoome 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE BITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INTURY OCCURRED 21e PLACE OF INJURY 211, LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

DEGREE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on, above, (I) (we) (did) (did not view the body after death

and that it our) apinian death accurred an the date and hour and from the couses stated

MEDICAL

22c DATE SIGNED 30/86

Neal M. tredlander

22b. SIGNAT

22e ADDRESS

DIRECTOR PHYSICIAN

THE BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OF CREMATORY 23b. DATE

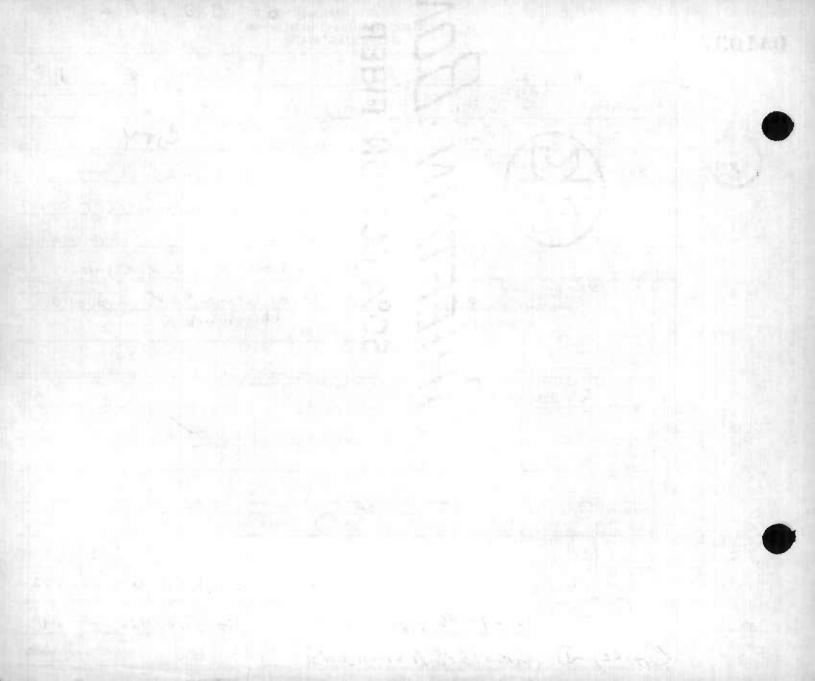
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24 FUNERAL DIRECTOR

med ander M.D

250 DATE REC D. BY REGISTRAR 256 REGISTRAR 6 SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYGI		0 ,		
/ DE	CEASED NAME FIRST	A	AIDDLE		LAST	REG.		YFAR	2b HOUR
	Niche		J.	Anth	ALCOHOLD TO MICE STATE	January			ZII HOUK
3.58	X:	4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST E	BIRTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
	Male	Whi		Ma	y 15, 1908 AR	77	YRS	INS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY City		DEATH	MD.
10 C	Baltimore	THE NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET A Sherwood	ADDRESS)	DR OTHER INSTITUTION	ASSOC. E	OF WORKING LIFE)	INDUSTRY	azine
13a.:	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN		Baltimor	N	134 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS	ZIP CODE	Ave. 2	1239
14 F	ATHER'S NAME FIRST FRANK	MIDDLE	nthony		IS MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	Jor	io	
	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	578-09-0		Mrs. Emilie		Same		
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (C) 190 DATE OF OPERATION	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO		NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CO	NDITION GIVEN 20b. IF YES, W IN CERTIFYIN	VERE FINDING	GS USED
ETT.	JESSAND AST		4 100 100			YES NO	YES [NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM IB PART	I OR PART ?}	
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
<	22a.1 certify that (1) (this hasp) ow the deceared alive an above, (1) (well did) did no	1/1/			nd that in (Ray) (aur) apinion d				
	Dauss Fo	R PRINT)		M	ATTENDING PHYSICIAN 2		AFF ICIAN []	1/2	7/26
	Davis Hahn M	D			Good Samari		al Balt	imore.	Md.
230	BURIAL, CREMATION, REMOVAL	1/29/8			emetery or Crematory of Faith	23d LOCATION CITY OR TOWN Baltimo	re. Mary	VIAUO	STATE
24 F	uneral director Leonard J. Rucl	r, Inc.	ADDRESS		Rd. 21214 JA	N 2 7 1986	R 25b. REGISTRAF	R'S, SIGNATU	Shoulle

DHMH - 16 60M 7/84 (VRA 15, 4)

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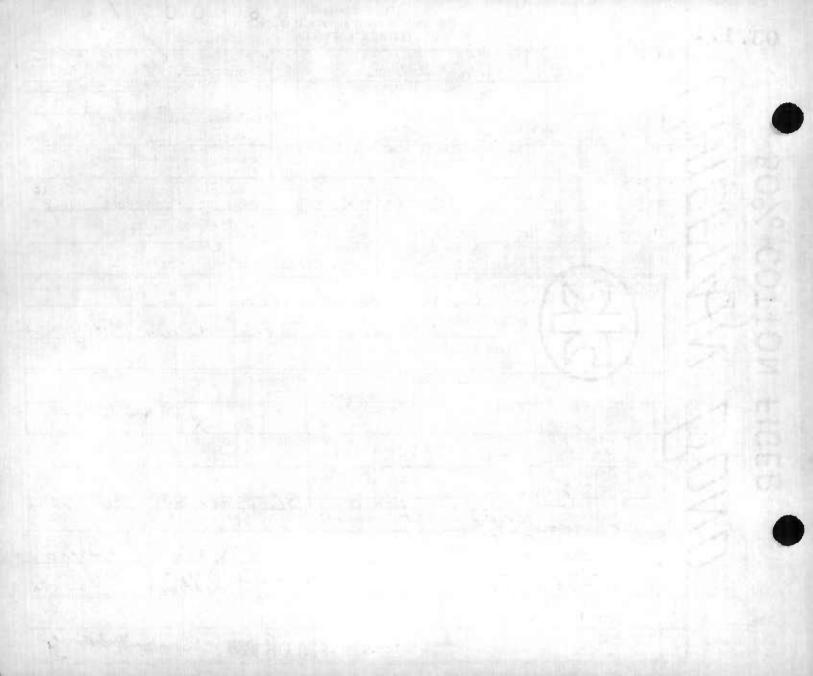
1554 Shoreson Ave. 11230

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Leonard J. Imak, Inc. 5705 Harford Mt. et al. and S. L. 20

STATE OF MARYLAND



(VRA 15, 4)

036025	1.	FOR STATE REGISTRAR	STATE OF MARYLAND 3 6 0 0 1 7 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIR		MIDOLE		IAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
page 3		M	924	E.	AR	NOLD		1 30	86 5.28		
	3. SE	(4 RACE		5. DATE O		6. AGE IN YEARS LAST BIRT	THDAY) IF UNDER	RTYEAR IF UNDER 24 HRS		
ge 4 ector		Female	1000	White		y 16, 1894	91	YRS			
nerol dir		RTHPLACE (STATE OR FOREIG COUNTRY) Ohio		S.A.	? 8 MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY O Baltin	RCOUNTY OF DE.			
() 3 () 3/	10 C	Baltimore	(IF NOT IN	SUCH FACILITY, GIVE STREE	T ADDRESS)	nother Institution	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY		
24 hour	13a :	AL RESIDENCE (IF NURSING HISTATE 136	OME OR OTHER INSTITU COUNTY	130. CITY OR TO	WN	134 INSIDE CITY LIMITS?			ODE Lir Lane 21206		
mplete with	14 F/	THER'S NAME FIRST James	MIDDLE	Powers	3	15. MOTHER'S MAIDEN NA Margare			Shevlin		
licol les		VAS DECEASED EVER IN U	S. ARMED FORCE	S? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS				
Pogn and		No	S. ARMED FORCE	VA-717-07-	9455	Richard D.	Arnold 3100		Ave. 21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
requires that the death certifications in signed by the attending ph. Then please remove corbang in roburial, cremation, or remainlury, or other troumatic even	NOI	Conditions, if any, whit gove rise to immedic couse (a), stating to underlying couse lo	DUE TO the he be st. (c) ANT CONDITION	o, or as a consequence of the co	JENCE OF JENCE OF	del Jary vial per		DITION GIVEN IN P	PART 110 ANG-INA		
he low on. hos bee	CERTIFICATION	199 DATE OF OPERATION		CUMEN TA		MPLETE HE	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH? NO		
SICIAN: TI ng physica certificate unal-transit tental Hygi them 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	NE OF INJURY A.M. MONTH (DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I ORE	PART 2)		
NG PHY officer this as the b	MED	WHILE NOT WHILE AT WORK	MOH TA1	CE OF INJURY E STREET FACTORY OFFICE		211 LOCATION STREET	CITY OR TO	WN COL	UNIY STATE		
Spitol or CTOR, A I for use of Healt		certify that (I) (this sow the deceased of above, (I) (we) (did) (i				nd that in (my) (cor) apinion	, to JAN death occurred on the do	30 19.87 ote and hour and fi	om the couses stated		
by the hosp by the hosp ERAL DIREC e detached if State Dept.		226. SIGNATURE And	6	2			MEDICAL STAF		1.31.86		
O HOSPITAL etained by th TO FUNERAL should be det with the State MAPORTANT:		OVISHT		ANDRA	·MD	7 SK A	nc; EAS,	Tenn k	AVE 2122L		
7 6 T 2 3 4		URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION	COUNT	TY STATE		
BP		Burial	Feb 3	3 1986	Morels	und Memorial	Baltim		Maryland		
DHMH - 16 50M 4/83 (VRA 15 4)		INERAL DIRECTOR Leonard J. Ri	ick. Inc.	Beltimo	re. Me		R O'S 1086		SIGNATURE PANDER		

COUNTY OF

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|sistemary Francis Cost , Wellon Companion of States | September |

C-Y11-04-0111 .Lichard I. Cimola 9108 Sylmide Avg. 21254

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020254	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 0 0 / 7 8							
	1	STATE REGISTRAR				ICATE OF DEATH	REG. NO.		4	
e 6 4		CEASED NA FIRST		WIDDLE	-W=1		20 DATE OF DEATH MONTH	2 86	6:09 N	
poge 3	3. SE	John x	4 RACE	G	Auffa.	rth, Sr.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
rector,	L	male	Wf	rite	o6	124 /2Z	63 YRS	MONTHS DAYS	HOURS MIN.	
Parent Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City or Coun		M	
ofter de	10. C	altimore	(IF NOT IN SU	CH FACILITY, GIVE STPFF	NG HOME O	OR OTHER INSTITUTION	Asbestos Worke	12N IND O	F BUSINESS OR	
4 hours	View M	AL RESIDENCE (IF NURSING HOMESTATE	OR OTHER INSTITUTION	130 CHY OR TOY	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STPF PARESS		To l	
		aryland Bal ATHER'S NAME FIRST	timore/	Dundal		YES NO	2707 Southbroo	K ROAG	2122	
de d	_	ohn		uffarth		Mary		Zink		
11 12	1		GIVE WAR OR DATES)	100		17 INFORMANT	ADDRESS	mo na 12		
e pe	Y		WII	215-12-2		Mary T. Auf	Tartii Sa	me as 13	MATE INTERVAL ONSET AND DEATH	
ficon physics spep meval neval		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	JSED BY:	011		ARREST		BETWEEN	L Ru	
th cert nding corbo		IMMED	NATE CAUSE (a)	OR AS A CONSEQU		717-7-27		1/2	17-5	
death other tian, oumo	10	Conditions, if any, which	((b)_	SA A CONSEGO		1575	Liklink	126	ns	
the remo		gove rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEOU	JENCE OF			A Second	2018	
that d by fease of, c		underlying couse lost	(c)_	MET	ASTA	TIC CONG	CANCER	2 m	outis	
signe ben pl o bur jury, o	z	PART 2 OTHER SIGNIFICAN	1	1	7		IN AL DISEASE OR CONDITION C		31	
ny in	CERTIFICATION	190, DATE OF OPERATION	AS BBST		UPWT	N'CULM AF		COSTATI	*	
n. nos b perm ne pr	FIC	4	170 CON	JIION FOR WINCE	OFERATION	N WAS FERFORMED	IN €ER	TIFYING CAUSES	OF DEATH?	
sicion. Sicion. Date hos insit per ygiene is shows	- ER	NONE 21a. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY	•	21c. HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJURY IN ITEM)	YES DEPART 1 OR PART 2)	NO 🗌	
HYSICIAN: I ding physici is certificate burial-transi Mental Hygin is them 18 sh		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH D						
- C C	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	19 FARM, ETC 1	211 LOCATION	CITY OR TOWN	COUNTY	STATE	
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Heolin F	133	220.1 certify that (I) (this ha		1	86	11/84 19 86			that (1) (we) la	
ATTE ospite CCTC d for t of		sow the deceased alive above, (1) (we) (did) (did	nat) view the bad	y after death	, 011		death occurred an the date and h			
Che he		226. SIGNATURE	0 1	200	(DEGREE	MEDICAL STAFF	22c. DATE	SIGNED	
RAL dete		Caman	1 se	hellen	n	1 PHYSICIAN	DIRECTOR PHYSICIAN	1/	12/86	
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I		Schatt	PEOR PRINTI	CALMO	W 119	FRANCH	S SCOTT NR	4 MC		
sho of s	23a 1	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	В	(SPECIFY) urial	1/16/	/1986 L	akevie	2W	Svkesville	COUNTY	Maryland	
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR Duda	-Ruck. In	nc. ADDRESS			E REC'D. BY REGISTRAR 29 REGI			
(VRA 15, 4)		922 Wise Aven		ndalk, Ma	rvland	21222 JA	N 1 6 1986 File	varidon-1	- Property	

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DHMH - 16 60M 7/B4 (VRA 15, 4)

/	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 0 7	8 0
		CEASED NAME FIRST		MIDDLE	t	AST	20. DATE OF DEATH		YEAR 26 HOUR
U	(TABE	ELMER		Н.		BAACKE	January	22,1986	10 PM
,	3 SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAS		R 1 YEAR IF UNDER 24 HRS
1		Male	White	2	Juli	y 22, 1902	83	YRS.	DATS MOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CIT	OR COUNTY OF DE	ATH
9	1	Maryland	U.S.A		WIDOWE	D DIVORCED	Baltimor		MD.
O	7.	Baltimore	613 BA	HEACILITY, GIVE STREET	Road	r other institution	120. USUAL OCCUP LITYPE OF WORK FOR MO Engineer		KIND OF BUSINESS OR CLVIL
E)	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR 13c CITY OR TOW Baltimo	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES	s / ZIP CODE okwood Roa	nd 21229
	14 FA	ATHER'S NAME	MIDDLE	1467		15. MOTHER'S MAIDEN NA	MIDDL		
			Ä.	Baacke		Katheri	ne	M. K	Colbe
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		DRESS	
	. '	No	t wan on pares,	212-07-	2266A	Rosalie E.	Baacke	Same as #	13
7		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: 'E CAUSE (o)_	line far (a), (b), an	dic ER &	BRAL THE	SOMBOSIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ij.		WWW.COWN	DUM 10	- CEQU	ENCE OF	, , ,		_	
		Conditions, if ony, which	(b)	Arterio	y's cle	otic Cardio-1	lasavar o	1stare	unkurn
		gove rise to immediate couse (a), stating the underlying cause lost.	DUE 10, 01	CHRO	NIC C	obstructive	Pulmona	ry Disease	14 years
	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS CO	DITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	ateunia	ONDITION GIVEN IN I	PART I/o
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF	NJURY IN ITEM 18 PART I OR	PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			21 LOCATION STREET	CITYO	R10WM COI	UNIY STATE
		22a I certify that (I) (thus boson	ottended the	e deceosed fram_		972 19		22 198	6, that (I) (m) last
	1	saw the deceased alive on obove, (1) (may) (did) (did no	117	19 8	6 , an	d that in (my) tous opinion	deoth accurred on the	dote and hour and I	am the causes stated
		22h SIGNATURE Worth C.	Suzie	w-20	m.7	DEGREE ATTENDING PHYSICIAN	MEDICAL S		LATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS			
		Martin Sing	rewald	M.D.		11 E. Che	aseStroot.	Baltimore	MD. 21202
	23a B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	1/25/			r Cemetery	Woodlaw	N COUN	Maryl and
	Le Le	progrem. & Russe 30 Edmondson Av	el C. Wi	tzke Fun atonsvil	eral t	lomes P.A. 250. DĴ	AN 284 98	AR 256 REGISTRAR'S S	SIGNATURE

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(TYPE OR PRINT)

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MEDICAL CERTIFICATION

23a

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			STATE OF MARYLAN	ID A
FOR - STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND MI CERTIFICATE OF DE	
ECEASED NAME	FIRST	MIDDLE	IAST	

MONTH 9

26 HOUR

REG. NO

MONTH

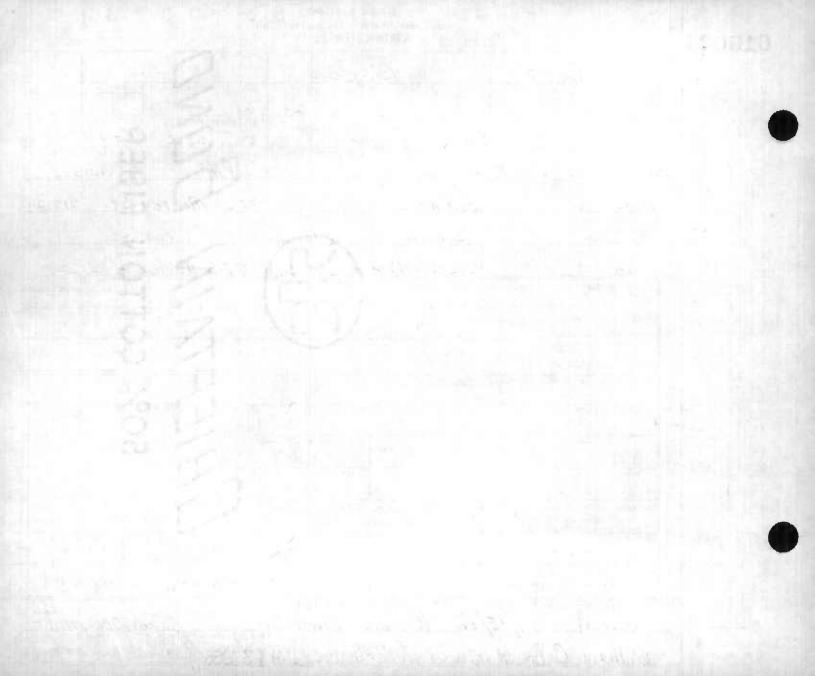
YRS

20. DATE OF DEATH

YEAR

6 AGE (IN YEARS LAST BIRTHDAY)

IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF DEATH	
COUNTRY) M	115A	WIDOWED	NEVER MARRIED U	Battima	we City	MD.
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	-		12a USUAL OCCUPATI	ON 126 KIN	D OF BUSINESS OR
20 TE	(IF NOT IN SUCH FACELITY, GIVE STREET	ADDRESS)	.11	ITYPE OF WORK FOR MOST O	F WORKING (IFE) INDUST	
AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	H0591	ta/	1 4 //		urse
STATE 136 COUL			BE INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP, CODE	
Mid.	Ballimo		YES NO	775. Mo	rley st	21224
ATHER'S NAME	MIDDLELAST ;	, 1	MOTHER'S MAIDEN NA	ME MIDDLE		LAST
William	Smith	h	Blanche	1:	Brooks	
WAS DECEASED EVER IN U.S. AR		RITY NO. 1	7 INFORMANT	ADDRE	SS	
YES NO OR UNKNOWN) [IF YES, GI	VE WAR OR DATES)	99214	Alico 566	275 M	rileust.	21229
110	1212 21	110-111	111166 600) // 5.11/	I APPI	ROXIMATE INTERVAL
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IMMEDIA	TE CAUSE (a) Disservince	led I	thra vuscola-r	Cocyalopa	The same of the sa	
	DUE TO, OR AS A CONSEQUE	NCE OF		0		1)
Canditians, if any, which	(16) Septic	Shock				
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
underlying cause last.	(c)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	Lio
	20110110110	227111	or needied to the telon	WALL DISEASE ON COAL	DITION ON EN INTIAL	
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WASPERENRAED	20a AUTOPSY?	206 IF YES, WERE FIN	DINGSLISED
		0.2.,,,,,,	THE TENT OWNED	5 .54	IN CERTIFYING CAU	SES OF DEATH?
	The state of himself		11. 110.11.11.11.10.1.0.0.0.0.0.0.0.0.0.	YES NOU	YES []	NO 🗌
210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	Nr. HOW INJURY OCCURE	CED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART I ORPART	2)
(IF EITHER NOTIFY MEDICAL EXAMINE		19				
21d INJURY OCCURRED	21e PLACE OF INJURY		IF LOCATION	CITY OR TO	wn County	STATE
AT WORK NOT WHITE AT WORK	(AT HOME, STREET FACTORY OFFICE F	ARM, ETC.)	SINCEY	Cityonio		31112
	ital) oftended the deceased fram_	12	120 19 85	10 1/3	7 10 86	, that (I) (we) last
saw the deceased alive an		- /	that in (my) (aur) apinian (death accurred an the do	ate and hour and Iram	
abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the bady after death.		GREE			ATE SIGNED
		DE	ATTENDING	MEDICAL STAI		9186
M. Novin			PHYSICIAN [DIRECTOR PHYSIC		1100
224 PHYSICIAN'S NAME TTYPE			21 ADDRESS	1 00.15		
MOKHTAR N	IASER		81 BAMBLIA	10 DIKZ 1014	T, BALL, MU	1, 21220
BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	JAME OF CEA	METERY OR CREMATORY	23d LOCATION		
(SPECIFY) Quining	1/15/01 11.	los Tox	1 St. C. T.	CITY OR TOWN	1-T COUNTY	M SILIE
UNERAL DIRECTOR	11/12/00 10	CHEIN	250 DAT	EREC'D. BY REGISTRAR	25h REGISTRAP'S SIGN	JATIPE
NAME ILL	ADDRESS	1.1.1	TI A	The state of the s	Was and The State of the State	A DOV
William C.	Brown 1206-08 1	N. Nor	In the JAN	1 3 1986 34	ACCUPACION - 1	and the state of t
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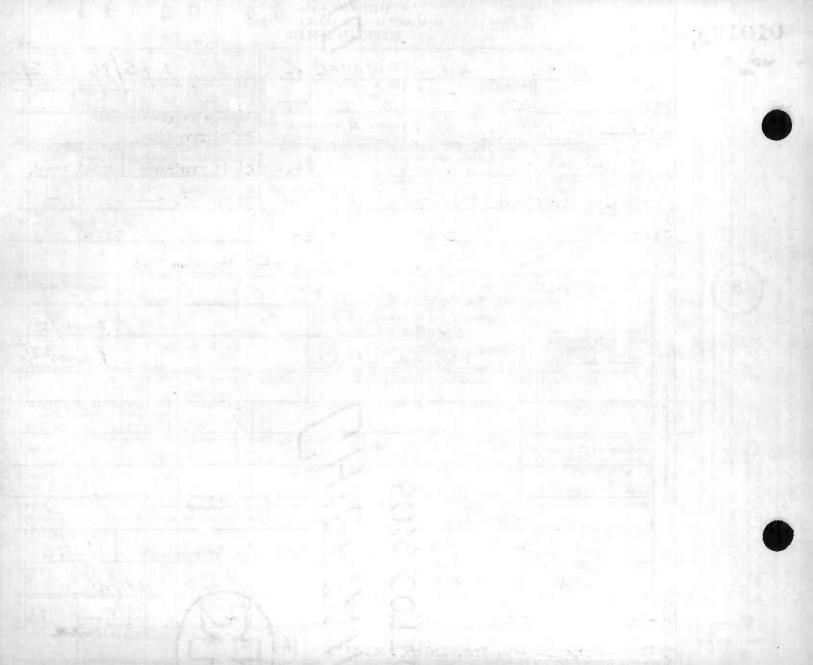


DEPARTMENT OF HEALTH AND MEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 20. DATE KNOWN MONTH DAY TWPE OR PRINTI ESTI-DEATH MATED X David G. Baginski 1086 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 1:39 2c. DATE LAST BIRTHDAY) PRONOUNCED White Male Sept 15 43 1086 HE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED Baltimore City, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore Street Longshoremin Baltimore 2624 E. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS Baltimore St. 21224 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME NE MIDDLE Baginski Joseph Frances 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 217-38-2644 Connie M. Baginski 3418 Old North Point No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T ID ED AS A HEALTH CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERTIFICATE SHOUI I-CATE, WRITING THE WORD "" E FORWARDED TO THE CHIEF TAR, PAGE 3 SHOULD BE USE! THE STATE DEPARTMENT OF H AND, 21201 PRIOR TO BURRIAL YES иоХХ 210. EXTERNAL CAUSE WAS UNDERLYING OR TID TIME OF INJURY (est.)
HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1-18 10 86 subject shot himself CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN 2624 E. Baltimore Street Home Balto., Md. Inspection XX EXECUTE THE CERTIFICATE
SHOULD BE FOR
TO FUNKAL DIRECTOR:
ATTER DEATH, WITH THE 228 I certify that I took charge of the remains described above, held an Autopsy death resulted from: Hamicicle Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 1-19-86 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Md. STATE 1-22-86 St. Stanislaus 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE John M. Weber & Sons Inc. 401 S. Chester St. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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010100	1.	FOR STATE		DEPARTM	STATE OF MAR ENT OF HEALTH AN	ID MENTAL HYG	iene 0 0	183	
010123	-1.	REGISTRAR			CERTIFICATE O	FDEATH	REG. NO.	11	
V		CEASED NAME FIRST	WIDDLE		LAST	1120	20 DATE OF DEATH MONTH	DAY / YEAR	2b. HOUR
oy be loge 3 death	(11PE	HARI	RY R	obert	BAHE	L. Sr.	1	15/86	6:300m
po po	3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY	MUNIDER LYEAR	# UNDER THE PART.
ctor.	Ma.	١٥	White		12 05	1903	82 v	MONTHS DAYS	HOURS MIN.
Pog Page	70. BIF	RTHPLACE STATE OF FOREIGN	75. CITIZEN OF WHAT	COUNTRY?	8		9. BALTIMORE CITY OR COL	INTY OF DEATH	_
4 22 34 P	Ra	ltimore, MD	U.S.A.		MARRIED NEV	DIVORCED T	Baltimore Cit		
P 5 1 0		TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING			120. USUAL OCCUPATION		BUSINESS OR
offer of the f	,	Pro Ho me	T (IF NOT IN SUCH FACILITY			Ch	TYPE OF WORK FOR MOST OF WORK	NG LIFE) INDUSTRY	
2120 hours	USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RES	SIDENCE BEFORE	DAISSION	ectu	Civil Enginee	r Steel	Migr.
filled ould b	130. 5	TATE	INTY 13c. CI	ITY OR TOWN	1 0 1138. INSID	E CITY LIMITS?	13e. STREET ADDRESS		
NA III S		ryland Balt	timore Du	ndalk	YES [NO P	82 Dundalk Av	enue 2.	1222
with with day	7	FIRST	MIDDLE	LAST	Is. MOTH	FIRST	WIDDLE	LAST	
A B B B C	Jar			Bahel		rtha		Schaal	
ORE Section of dico	17	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	OCIAL SECUR			ADDRESS		
MI S	No		21:	3.09.0	199A Sara	h E. Bah	el (same as 13		
IN THE STATE OF TH		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY.			1		BETWEEN O	NATE INTERVAL NSET AND DEATH
ST. 1		IMMEDIA	TE CAUSE (a) card	sufulmo	your crye.	T		-	-
NO # Section of the Control of the C			DUE TO, OR AS A	CONSEQUEN	NCEOF			-	0
REST deat atter nave otion, troum	1	Canditions, if any, which	((b) P	neum	ma			Lw	ello
the remember tree		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUEN	NCE OF			,	11
by by by other other		underlying cause last.	((c) M	assive	- strok	2_		lw	only
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death conficultion and completely filled in by the this certificate has been signed by the attend to present ages I and 2 should be filled in by as the burial-transit permit. Then please remave can example ages I and 2 should be filled than Amental Hygiene prior to burial, cremation, at	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DI	EATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	1 9
been red ony init	CERTIFICATION	190. DATE OF OPERATION	TIBL CONDITIONS	OR WHICH C	PERATION WAS PE	OEAD AND AND AND AND AND AND AND AND AND A	20a AUTOPSY? 20b. I	F YES, WERE FINDIN	CELICED
REC los b sor preprint	5	ING. DATE OF OPERATION	THE CONDITION F	OK WHICH C	PERATION WAS FEI	KFORMED	INC	ERTIFYING CAUSES	OF DEATH?
TA die die h	E	21a. ACCIDENT WAS UNDERLYING	7 216, TIME OF INJU	DV	121, 801	/ IN HIRV OCCUP	YES NO NO	YES [NO 🗆
AN: TI physicia ificate transit 18 fb		OR CONTRIBUTING CAUSE OF DE			YEAR ZIE HOW	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART I OR PART 2)	
PHYSICIAI PHYSICIAI this certifi be burial-tr od Mental	S S	(IF EITHER, NOTIFY MEDICAL EXAMINE		4.1	19				
VISION S PHYS The but The b	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJ	URY TORY, OFFICE, FAI	RM ETC) 21f. LOCA	REET	CITY OR TOWN	COUNTY	STATE
DING P or other or other the se as the olth and marked		AT WORK AT WORK						21	
O O O E	0	220 I certify thou this hosp	pital) attended the decer	osed fram	December	, , ,	_, to Jan		ha (1) we) last
R ATTER ATTER RECTO red for red for em 21		saw the deceased alive at abave the wey did (did n	at) view the bady after d	leath.	and that incl	ny) (aur) apinian	death accurred an the date and	hour and fram the c	auses stated
A 2 - 2 -		27% SIGNATURE	harris	a day.	DEGREE	ATTENIO	LIFE CTARE	22c. DAJE S	IGNED
PITAL by the		() (<	Juline	MANN	KIL	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	V 115	186
HOSPITAL ined by the FUNERAL wild be detribe the Store ORTANT:		22d. PHYSICIANE SHAME THE	OR PRINT)		22+ ADD	RESS	11-11	.40	
		JOHN	ARVANI	UK	F	rancis J.	cott Key Hi	spetal	
5 € 5 € ₹ ₹ 1	23a. B	URIAL, CREMATION, REMOVA	L 236 DATE	23c. N	AME OF CEMETERY C	OR CREMATORY	23d. LOCATION	/	
BP		rial	1/7/86	Gar	rdens of F	aith		Baltimore	MD
DHMH - 16 50M 4/82		NERAL DIRECTOP	14/1/00					GISTRAR'S SIGNA	20%
VRA 15, 4)	Wal	lter Brooks Bra	adley. Inc	Balto	. MD 2122		8 1900		
	71013	THE PROPERTY DIE	ACLEY / LINE.	DUITCO.	THE CILC	60			



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029149	1-	FOR STATE						AND MEN		BEATH W	, ,		1	
ONO.Z.		REGISTRAR		WED		EXAMIN		ERTIFIC	AIL OF	DEATH	REG. NO		III.	
		CEASED NAME OR PRINT)	E FIRST		WIDDIE			LAST		20. DATE OF	KNOWN X	MONTH	DAY YEAR	26 HOUR
2000			Charl	otte			Ba	ailey		DEATH	MATED	1/10	0/ 1986	N
万円当り屋	3 SEX		4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE.			F UNDER 24			MONTH	DAY YEAR	24 HOUR
X2587	I	Pemale	White		24	61 YF	- Month	DAYS F	HOURS M	PRONOU DE A		1/ 1	10/19 86	11.0
T NEW THE T	70. BI	RTHPLACE (S	STATE OR	76 CITIZEN OF WHA			8	ED NEVE	D AA ADDIED	9 BALTIA	MORE CITY O			
● MANUAL STATES		REIGN COUNTRY)	, d	U.S.			WIDOW	_	DIVORCED		timore	City		
S 2 2 2 2 -	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP						o. USUAL OCCL	JPATION (TYPE		b. KIND OF BL	JSINESS
O SHEP		Balti	more	1338 PC						FOR MOST OF WO	ORKING LIFE)		OR INDUSTI	RY
	USUA			DR OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSI	ONI			S.S.	1.			
ANY DE LEGISTRE DE	13a S	TATE	13b. COUN		13c. CITY	OR TOWN		13d INSIDE CITY		STREET ADDR		750		
# 450 X # -	_	1d.			Ba	lto.		YES 🔽			Pontia	c Ave	. 2122	25
MAN THE ME		THER'S NAM FIRST	E	MIDOLE		LAST		15 MOTHER'	'S MAIDEN I	NAME	MIDDLE		LAST	
# ARRAGE		eorge												25-
MA CHANGE		VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	CIAL SECURIT	Y NO.	17. INFORMA	INT		ADDRESS			
A HANNE		No			216	-24-75	01					77-		
B B B B B B B B B B B B B B B B B B B		18 CAUSE C	OF DEATH (Enter on	ly one couse per line f	or (o), (b)	, and (c).)	30	71117					APPROXIMATE BETWEEN ONSE	INTERVAL
2 3 3 3 5 3	1	PARTID	EATH WAS CAUSE IMMEDIA				1412							
d spanis				DUE TO, OR	S A CON			c Alcoh						
	all		ons, if ony, which	(b)										
N SAMEZO	1	cause (o) stoting the under-												
N MACA		lying ca	use last.	(6)										
ATTE	-	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION G	CIVEN IN PART 1	(e)				
S A S A S A S A S A S A S A S A S A S A	Z		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).											
- GANARO -	Iĕ	19a DATE OF	POPERATION	19b. CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFORM	ED?				20 AUTOPSY	?
MITAL SHOU ONE OHE OHE OHE OHE OHE OHE OHE OHE OHE OH	E.													NO X
	CERTIFICATION	21a EXTERN.	AL CAUSE WAS	21b. TIME OF	INJURY		Zic HC	OW INJURY O	CCURRED	ENTER NATURE OF II	NJURY IN ITEM 18 P	ART I OR PART	YES .	NO IA
DIVISION OF IS CERTIFICATE WRITING THE WARDED TO THE GOT SHOULD BE TO EXECUTE TO THE TOPPARTMENT OF THE COLUMBING TO BE TO THE TOPPARTMENT OF THE	0	UNDERLYING	GOR	HOUR A.M.		DAY YEAR	?							
SING SION	MEDICAL	21d INJURY	OCCUPPED	21e PLACE O	FINILIPY	19	216 100	CATION						
DIVI IS CEI VRITIN VRDE CE 3 201 P	ME		NOT WHILE D	STREET FACTO	DRY, FARM, E	TC.)		TREET		CITY OR TO	NWC	COUNT	TY	STATE
THIS WAR		AT WORK	ATWORK			1								
		220. I cert	ify that I taak chorg	ge of the remain	ribed abo	we held an	Autop	X X	Inspection	, Inquiry	, , one	d in my opini	ion	
EXAMINER: CORTIFICATE DIRECTOR: WITH THE SAMPYLAND,		death result	ted fram: Notu	rol couse	Accident	Su Su	icide	, Homicid	le .	Undetermined m	nanner .			
MARK		SELECTION OF		1		1		TITLE (SPE	CIFY)					
A H D A H H		SIGNATURE		X	/	0	M.	D. Assi	stant	MEDICAL EXA	MINER	DATE SIGNED.	1/10	/86_
NA TELE		= V		/										
MEDICAL E CECUIT THE CREATES OF A SHOUL FIER DEATH, ALTIMORE, M	1	EXAMINER'S (TYPE OR PRI	INT) Gr	egory R. K	auff	man, M	.D.	ADDRESS	11	1 Penn	St.	1150		
PAGE PAGE	230.BI	JRIAL, CREMA	TION, REMOVAL	3b DATE	23c. N	NAME OF CEA	METERY O	RCREMATOR	Y :	23d LOCATION		COUNTY		TATE
07/84 BP	(3	Remo	ova1	1/16/86					800	CITORIOWN		COUNTY	\$1	AIE
25M DHMH - 17	24. FU	JNERAL DIREC	CTOR				17. 14	250	O. DATE REC	D. BY REGISTR		TRAR'S SIG	NATURE	
VR A15 ME (5))			natomy Bo	ard	Ва	1to., 1	Md.	(3)	JAN	28 198	6 lin	Marila	~ Binder	R H
			-											





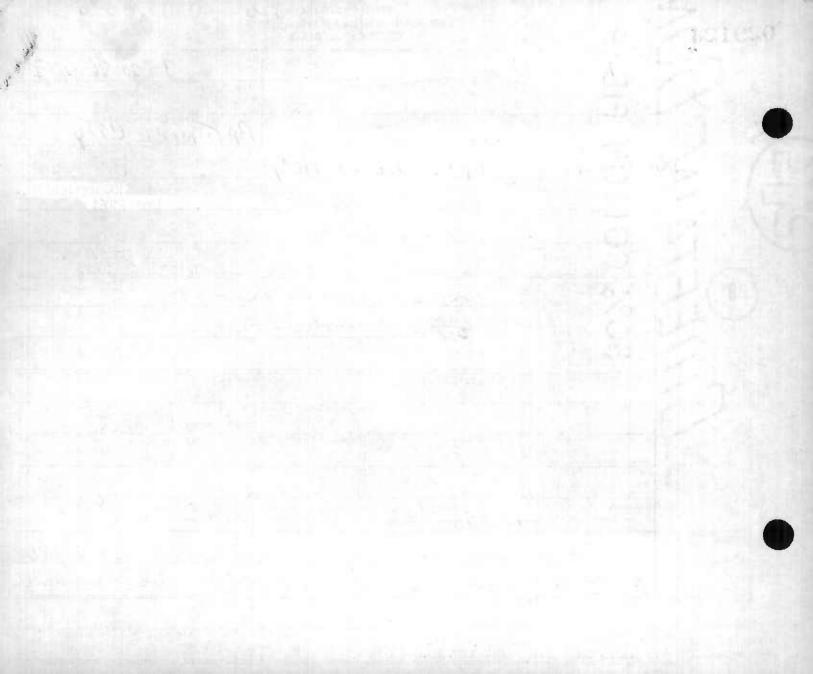
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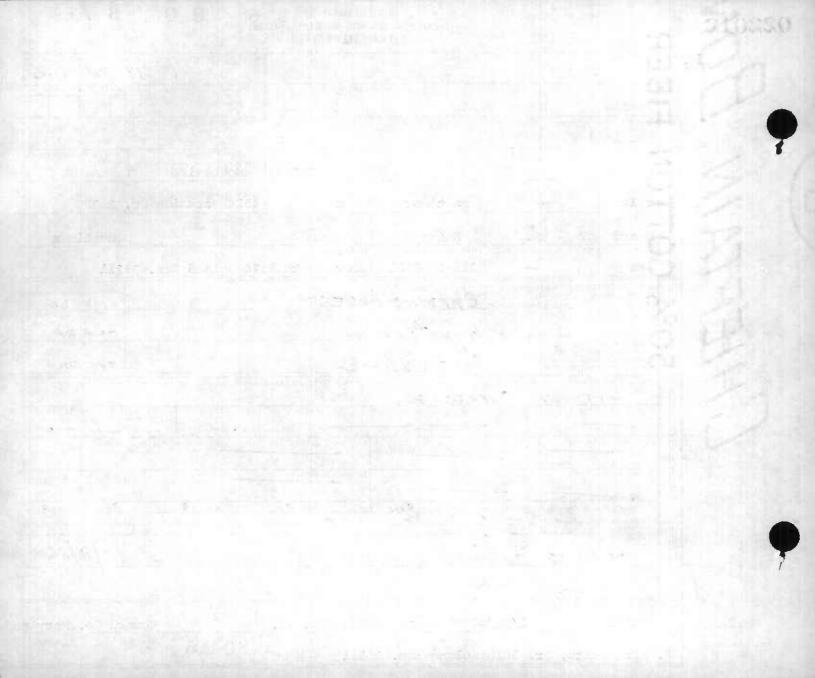
DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND & & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	5 .		
1/2	1.06	CENSED NAME PAUL	MIDDLE	· ·	ASI		MONTH DAY	Y YEAR	2b HOUR
0	7	Roland	John	Bal	ll, Jr.		1 20	86	44 M
/	3 SE	X	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
		Male	Black	12	15 1954	31	YRS		HOURS MIN.
761		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	RCOUNTYO	FDEATH	/
			U.S.A.	WIDOWE		DHIIM	RE	C//	MD.
3/	31	ATTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH ASSUTTY, GIVE STREET	ADDRESS) E	NT HOSP.	Electrician	DN F WORKING LIFE)	industry self e	mployed
X	13a. 5	STATE . 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2912 Oa	kford Ave.
0	Ma	aryland	Baltimore		YES NO	Baltimore, Ma		21215	
2	14 F/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	1
10		Roland	J. Ball, g	ir.	Mary			Bundy	
7		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	ss 100 Wa	rfield	Rd
-		no	214-62-52	53	Felecia Montague	Baltimore, M		21061	
		18 CAUSE OF DEATH (Enter on	nly one cause per line far (a), (b , an	d (C)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	100	PART I. DEATH WAS CAUSE	TE CAUSE (0) CARDO	- Pirk	MONARY /	TRREST			
			DUE TO, OR A& A CONSEQUE	NCE OF	r 111 -	-			
	10	Conditions, if ony, which	11-11-	10	FAILUR	C			
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				10-21	
^		underlying cause last	(c)						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 10	0
	CERTIFICATION								
9	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
1	TIFE					YES NO	YES	_	NO 🗆
0	GE	210 ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EV IN ITEM IS PAR	T I OR PART 2)	
4	AL	OR CONTRIBUTING CAUSE OF DEA	ath.	19					
1	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	****	211 LOCATION STREET	. CITY OR TO	wN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	LAI HOME SIREET, PACTORY OFFICE P	ARM EIC)	211661	1-			
		220 I certify that (I) (this haspi	tal) attended the deceased fram_	-				86	that (I) (we) lost
		saw the deceased alive on	it) view the body after death	X6.01	nd that in (my) (our) opinion o	death occurred on the do	ate and have a	ind from the	causes stated
	77	226. SIGNATURE	,		DEGREE			220 DATE	SIGNED.
		1 Jen	usu mo		MAD ATTENDING PHYSICIAN X	MEDICAL STAI		1/2	20/86
1		224 PHYSICIAN'S NAME (TYPE C	DR PRINT)		22e ADDRESS		0		1
1		A. OSE	1- Nusu po	0	5710 WAR	TJH NE	18927	· MI	121215
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	l B	Burial	1/23/1986 Arts	itus Me	morial Park		Balt	imore	Md
84	2 NE	HTERAL WIRESONS Funeral	Home INc. ADDRESS		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE
	25	HTTERA & Sons Funeral 101 Gwynns Falls Pla	Baltimore, Md.	21216	J.	IN 24 1986	~~	7 000/00	1.10



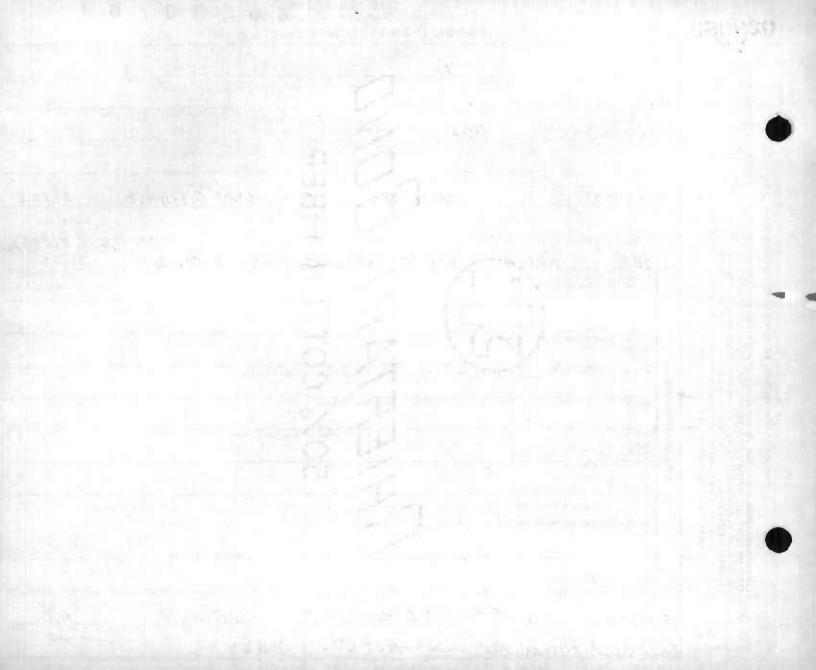
2012	Items 21a-	211, Pt. 2 3	/3/86	STATE OF M		6	0 /	0 /			
MUIN	registrar da	R.Kauffman	, M . DEFAR	CERTIFICAT	OF DEATH	REG. NO.					
1	L-DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH		YEAR	26 HOUR		
age 3 death	(TYPE OR PRINT) BES	SIE	E.	BANNON			1 18	86	4:05A		
od a	3. SEX	4 RACE		5. DATE OF BIRTI		6 AGE (IN YEARS LAST 8	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 H		
rs aft	Female	W	hite	MONTH 8	2 31	54	YRS	VIHS DAYS	HOURS M		
Po Po	TO BIRTHPLACE ISLATE OR	FOREIGN 16 CITIZEN OF	WHAT COUNTRY	Y? 8	EVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	1112		
2250	Maryland	U	SA	WIDOWED	DIVORCED E		ECITY				
by the fu	10 CITY OR TOWN OF DEALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE STRE	SING HOME OR OTH EET ADDRESS) AL HOSPITA				OF BUSINESS			
led in lidbe f	3a STATE	131 COUNTY	GIVE RESIDENCE BEFORE TO Baltim	WN 13d IN	SIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 4534 Parkside D		21206			
should be a should	Maryland 14 FATHER'S NAME		Darcin	120	THER'S MAIDEN N		side Dr. 21206				
plete	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	1		
E O X	Foard 160. WAS DECEASED EVER	E.	Smith		Anna ORMANT	ADDR		Konval	ınka		
ond	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	215-28-			3524 Roland		211			
the m		Ave. Z		MATE INTERVAL							
pap pap novo	PART I. DEATH W	H Enter only one cause pe /AS CAUSED BY.	CARDI	inn App	EST			BETWEEN ONSET AND DEATH			
ng p bon ren	1 3111	IMMEDIATE CAUSE (0)			CS 1			G /O R	DAY		
un de la companya de	Conditions if any	1	R AS A CONSEC	Cension				BNE	DAY		
n n	Conditions, if any gave rise to imi	mediate	//						-17 (
	underlying couse	el (o, stating the elying couse last DUETO, ORAS'A CONSEQUENCE O									
0.00	PART 2 OTHER SIGN	VIFICANT CONDITIONS C		0,000	LATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN	IN PART III	0		
240											
1111	190 DATE OF OPERA			HOPERATION WAS		200 AUTOPSY?	206. IF YES, V				
hos hos and hos aws	THE STATE OF THE S				_	YES NO	IN CERTIFYII		NO P		
Cote Construction of the Cote Construction of the Cote Cote Cote Cote Cote Cote Cote Cot	210 ACCIDENT WAS UNI		OF INJURY	DAY YEAR 21c H	DW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)			
and	OR CONTRIBUTING	CAUSE OF DEATH			ngested	lithium					
his of h	214 INJURY OCCUR	RED 21e PLACE	OF INJURY	211 to	CATION	CITY OR T	OWN	COUNTY	STATE		
after the sthe	MHILE NOT WI		TOME	4	534 Parl	side Dr.,					
S TTG	220 I certify that (I)	(this hospital) attended th	e deceased from	TAN 14	, 19.86	10 JAN 13	. 19	86	that (I) (Mg)		
of the of the	saw the deceas	ed alive an JAN /	0 19		n (M) (our) opinio	death occurred on the c					
DIRECTORED DIRECTORED Dept.	226. SIGNATURE	161	7	DEGRE			,	22c. DAJE	/		
	Sohn	Tymor tovel	ut	Mel	ATTENDING PHYSICIAN	MEDICAL STA	CIAN P	1/1	8/86		
FUNERAL by the State of the Sta	228 PHYSICIAN'S N.	AME (TYPE OR PRINT)		22e A	DDRESS			1			
etoined TO FUN with the MAPORT	JOHN '	THOMAS EVELI	US		UNION ME	EMORIAL HOSE	TAL				
5 5 7 4 3 2	230. BURIAL, CREMATION,	REMOVAL 236 DATE	23	NAME OF CEMETE		23d LOCATION					
	(SPECIFY)		00	3 23		CITY OF TOWN		YINUO	STATE		
BP	Burial	1/21/	86 M	eadowrida	Mem. Pk		Howa	ard Co	., Mary		



157760 J. THE BONDERS NOT SEE ACCOUNTY AV The third of the following of the property with the MISS ENGINEER Edward X 1-12 F Conglet State Total Indiana and Total A FIRST A THE PARTY OF THE PARTY OF THE BUILD RESIDENCE AND SERVED IN Jamous all Tradition

Min. Cal. Dollars and Language and Cal.

	- K,		FOR		STA	TE OF MAI		SIENE O C	1 8	9	
02	8063	1-	STATE REGISTRAR	7	DICAL EXAMI			F DEATH ,	REG. NO.		
6	2 4 8 5 E	T. DEC	EASED NAME FIRST OR PRINT!	RD	MIDDLE	BARC			WN X MONTH	22 19 86	2b. HOUR
	NECESSARY, PLASE UNERAL DIRECTOR S FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3 SEX	LE CAUC.	5. DATE OF BIRTH		EARS IF UNDER		MIN PRONOUNCED DEAD	1	DAY YEAR 22 19 86	7:02 A M
•	IS NECESSARY, PI E-FUNERAL DIREC E-S-FOR YOUR ED, WITHIN 72 HO I W PRESTON ST	m	RTHPLACE (STATE OF REIGN COUNTRY) PRYLAND YOR TOWN OF DEATH	76. CITIZEN OF W	HAT COUNTRY? SPITAL, NURSING HON	WIDOWED	NEVER MARR	ED U	ore City		MD.
	DELAY R 3 TO THE N PAGE 205, 201	B	altimore L RESIDENCE (IF IN NURSING HON	Key Medi	cal Center		Namonon	FOR MOST OF WORKING I	IFE)	OR INDUSTR	Y
	2, AND 3. RETAIL 2 SHOULD AL RECONT	13a S			BALTIMOR TOWN	130	INSIDE CITY LIMITS?	13. STREET ADDRESS	h AVE	212	22
NORE, MD.	I CAL		FIRST (AS DECEASED EVER IN U.S. A	MIDDLE	LAST		FIRST	MIDDLE	DDRESS /a	807 FIF	7 14 14
, BALTIMORE	S AF	- (Y	S, NO, OR UNKNOWN (IF YES, G) YE 5 18 CAUSE OF DEATH (Enter	DREAN	212-30-	3223 /	NRS. JEA	NETTE BAR	ZAK	21227	INTERVAL
CORDS, 201 W. PRESTON ST	UTED WITHIN 24 HC IN PENCIL IN ITEM EXAMINER ALONG IAL - TRANSIT PERM MENTAL HYGIENE ON, OR REMOVAL.	NO	DADTIDEATH WAS CALL	SED BY: IATE CAUSE (a) HY OUE TO, OR (b) DUE TO, OR (c) (c)	pertensive as a consequence as a consequence	OF		otic cardiov	ascular	BETWEEN ONSEI CISCASE	AND DEATH
VITAL REC	THE HERE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS	PERFORMED?			20 AUTOPSY?	NO 🗽
. 6	THE VIEW THE	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH P.N	MONTH DAY YEA	AR .	< 2-1.	D (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PA	NRT 2)	
DIVISION	THIS CERTIF WARDED TO WARDED TO PAGE 3 SHO TATE DEPAR 21201 PRIO	MED	WHILE NOT WHILE AT WORK		TORY, FARM, ETC)	21f. LOCAT STREE	r	CITY OR TOWN	co	UNIY	STATE
•	CAMINE ERTIFICA ERTIFICA IRECTO WITH THI ARYLAN		22e. I certify that I taak cho death resulted fram: No ACTUAL SIGNATURE	arge of the remains de- tural causes X		Autapsy uicide, M.D	Hamicide TITLE (SPECIFY) Assistan	Undetermined manner	DATE	1-22-8	6
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, M	22.0		M. Dixon,				enn St., Ba	lto., MD	21201	
07/84 25M	BP	3	JRIAL, CREMATION, REMOVAL PECIFY JUNE AL DIRECTOR	1-25-8	6 St StA	VIS/AU	S CEM	23d. LOCATION CITY OF TOWN REC'D. BY REGISTRAR [2]	COU E REGISTRAR'S S	MI	ATE
	DHMH - 17 (VR A15 ME (5))	KH	ČŽOROWSKI FUN	ERAL HOME	2535 FTE	Et St	- JAI	124 1986		on-Hande	L



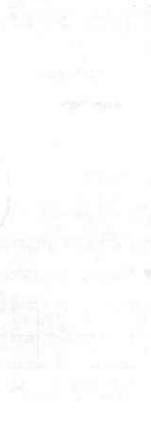
	FOR			DEPARTMENT		AARYLAND	DAL HOGIEN	JE () ()	7 9 0	
CANORE	- STATE REGISTRAR		ME	DICAL EXAM					10.	
OTORATO	1. DECEASED NA			MIDDLE		LAST		20. DATE KNOWN		Zb. HOUR
IS NECESSARY, PEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR HIES. ED, WITHIN 72 HOURS HE YOUR PRESENT STREET.	(1720111111)	JA	MES F	ERN	B/	ARD, SR	₹.	DEATH MATED	1-7-86 ₁₉	M
PLE FOLK HOU STRE	3 SEX	4 RACE	S. DATE OF BIRTH		IN YEARS IF UN		UNDER 24 HRS.	20 DATE PRONOUNCED	MONTH DAY YEAR	14.110011
\$250 \$200	Male	White	Jan 5-	1 91.0 76	YRS.	OATS THE	JUNS MIN	DEAD	1-7-86 19	9:02/
極力	10. BIRTHPLACE FOREIGN COUNTR	Y)	76 CITIZEN OF W		8 MARR	IED NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY OF DEATH	
10//	Mt. Unio		U.S.A		WIDOW	- 11	OIVORCED [Baltimore	city	MD
8/1	10. CITY OR TOW		LIE NOT IN SUCH E	SPITAL, NURSING H ACILITY, GIVE STREET ADDR	ESS)	IER INSTITUTIO	FOR	MOST OF WORKING LIFE)	OR INDUS	TRY
2	Baltimo		AE OR OTHER INSTITUTION, C	Iford Ave		79-11-	В	oiler Make	r Ship Y	ard
6	Md.		Itimore	Baltime		134 INSIDE CITY LI	IMITS? I 30 STR	ford Ave.	21201	/
	14 FATHER'S NA	ME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAME	MIDDLE	LAST	
3	Amos	CED EVED IN I C	20152 502 222	Bard	I BIRLY & LO	Lois	17		Hunt	
	(YES, NO, OR UNK	SED EVER IN U.S. A	VE WAR OR DATES)	705-10-6		Many U		2712 Báchm		
		OF DEATH (F				I mary H	lolland	Manchester	Md. 21102	TE INTERVAL
	PARTI	DEATH WAS CAUS		Shotgun W		n abdome	en		BETWEEN ONS	ET AND DE ATH
VAL.		IMMED	DUE TO. O	R AS A CONSEQUEN		o abaoin				
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		ions, if any, which	ch							
OR	couse	rise to immedia (a) stating the <u>unde</u>		R AS A CONSEQUEN	ICE OF	EAN		C. Herrin		
NO.	lying c	ause fost.	(c)			13/11/2			3 3	
	PART 2 OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART I o			
_	190 DATE	OF OPERATION	19b. COND	ITION FOR WHICH O	PERATION W	'AS PERFORMED	D?	7	20 AUTOPSY	/2
/	IFIC								YES 🗆	NO X
5	210 EXTER	NAL CAUSE WAS	KAIMES	MUMBY 30P	1-6-286	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEM I		NO N
5	WED THE CONTRIBUTION OF TH	NG OR TING CAUSE O	F DEATER: 30A	4. 1-7-86 IS	TEAR O	self/i	nflicted	d		
	21d. INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOA	E. 2Tf LO	CATION	N. S. Contract		7.4.4.www 84	
	AT WORK	NOT WHILE	XX nome	TORY, FARM, ETC.)		3806 M	ilford /	Avenue Ba	altimore, Mar	yrand
	22a ce	rtify that ftook cha	orge of the remains de	scribed obove, held	on Autop	sy . Ins	spection .	Inquiry a	ind in my apinian	
			tural causes ,	Accident .	Suicide X		-	ermined manner		
	A CTUAL	Mh	1 15	A. (1)	11	TITLE (SPEC	(IFY)	3	1 7 0	
_	ACTUAL SIGNATUR	E	Mone	une of	WW.	Assis	tant_MED	ICAL EXAMINER	DATE 1-7-86)
7	EXAMINER (TYPE OR P	SNAME Marg	jarita A. 1	Korell,M.D		111	Penn Sti	reet		
	23a. BURIAL, CREM	ATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY O	RCREMATORY	23d. LC	CATION	COUNTY	TATE
	Cremati		1-7-86	Carro	11 Crem			mpstead		d.
	24 FUNERAL DIR			934 S. Ma			IAN 8	REGISTRAR 256 REG		
	Eline F	uneral Ho	ome	Hampstead	Md. 2	1074	MII O	1986	ie Davidson Bond	,

IAN 8 1986 John Frankry Myers ?

the state of the s the second of th 15/13/1 to 10/10/10 the Standard of medical and conve Control Control

			STATE OF M		6-001	9 9
1043	FOR STATE			AND MENTAL H		* **
•	REGISTRAR		XAMINER'S	CERTIFICATE O	KEG. NO.	
	DECEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN X MON	TH DAY YEAR 26 HOUR
	Tracy		ard Ba	arkley	DEATH MATED []	/ = 1/17 00 M
1	5EA 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS IF UN	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MON' MIN PRONOUNCED	TH DAY YEAR 12 HOUR 2:05
	Male White		19 YRS.	THOUSE THOUSE	DEAD]	/ 14/19 86 P M
16	BIRTHPLACE (STATE OR BOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	₹Y? 8. MARR	IED NEVERMARRI	9 BALTIMORE CITY OR COL	UNTY OF DEATH
1	Pennsylvania	U.S.A.	WIDOW			ty, MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME, OR OTH	IER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WO	RK 126 KIND OF BUSINESS OR INDUSTRY
Ï	Baltimore			ock Trauma	Heavy Equip Opera	
Ž	SUAL RESIDENCE (IF IN NURSING HOME 30. STATE ISE COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e. STREET ADDRESS	
			minster	YES NO	732 Muller Rd.	21157
	4. FATHER'S NAME			15. MOTHER'S MAIDE	NNAME	
1	Larry	T. Bark		Kathl	een D.	Fvock
ž	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIA	AL SECURITY NO.		ox 137 Hillsdale,	
ļ	100	WAR OR DATES)	74-0100			
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	7 9 19 1 IMMEDIA	TE CAUSE (a)		cibie inju	ries with Complica	ations
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	gave rise to immediate cause (a) stating the under		EQUENCE OF			
	lying couse lost.	DUE TO, OR AS A COINS	QUENCE OF			
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	_	CONTRIBUTING TO DEATH BUT NOT RELATED) TO THE TERMINAL DISEASE	E OK CONDITION GIVEN IN PAR	(II a	
7	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	AS PERFORMED?		20 AUTOPSY?
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	UNDERLYING X OR	HOUR XX MONTH E	AY YEAR SUL	oject run c	Dienter nature of injury in item 18 part 1 o	on construction
	CONTRIBUTING CAUSE OF	DEATHB: 15 P.M. 1/10	19 86 sit	CATION		
į	216. INJURY OCCURRED WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.	1 5	TREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	constructio	n site Tic		& New Tick New R	
į	220. I certify that I taak char	ge of the remains described above	, held an Autops	sy . Inspection	Inquiry , ond in my	Co., Md.
į	death resulted from: Natu	ral content X	X, Suicide	, Hamicide .	Undetermined manner .	
	- American A	V M		TITLE (SPECIFY)		
	ACTUAL SIGNATURE		_ M	D_Assistar	T MEDICAL EXAMINER SIG	TE 1/15/86
1	EXAMINER'S NAME	V				
	TYPE OR PRINT) Gre	egory R. Kauffma	n. M.D.	ADDRESS]	11 Penn St.	
	30. BURIAL, CREMATION, REMOVAL	23b DATE 23c. NA	ME OF CEMETERY O	R CREMATORY	23d LOCATION	OUNIY STATE
	Burial	1-18-86 Ruf:	fner Cemet	ery	Rayne Township,	Indiana, Pa.
	4. FUNERAL DIRECTOR	ADDRESS 10	050 York R	Rd. 250 DATE R	EC'D. BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
)	Ruck Towson Fune		owson, Md. 2	21204 JA	N 1 7 1986 . Ja	irdson-Rando De







Singleton Funeral Home, Glen Burnie, Md.

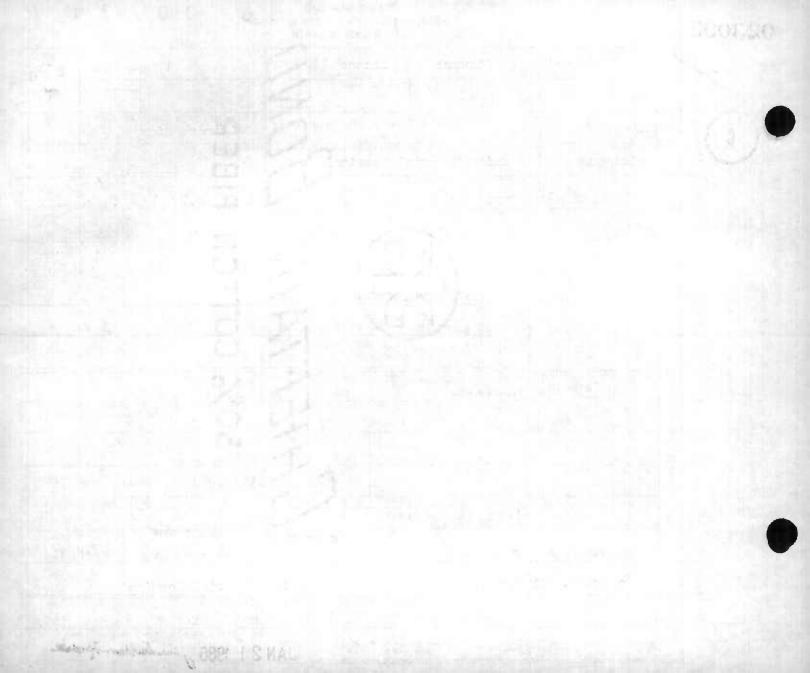
FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

CLESSE Kilned Brenett 1/11/86 1024 Dodge 3/11/19 7 1326 52 PENNA BAITH UNIVERSITY HOSP 9 0 9 20, 1 1 HARRY BARNET STELLY ANDERSAN -1-BEEN DESTA THE E HORTIC DISTERTION 7 DAYS 7 0448 MOTOR VEHICLE PERIPERUT PERVICE FICHERUSE, PURMOURREY CONTUSIOUS, JAH 9, 1984 LANGERATED LIVER, SPICED X JANUARY 9 86 THUMET IL 86 G Lacker Jan Mis X JAM 14,1916 Charles HANF entrice (International States

Mabel E. Barnette

REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS Balto. Md. 21229 Margaret Barnette 218 Mt. DeSales Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hour PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN STATE 1/13/86 Baltimore Burial Loudon Park Cemetery Maryland Leroy M. & Russell C. Witzke Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

MONTH DAY

86

126 KIND OF BUSINESS OR

Own Home 21230

IF UNDER I YEAR

BEOSIERA (IND.) A SECTION	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO STATE OF DEPARTMENT OF DEATH	7 1
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270. I certify that (1) (this haspital) attended the deceased fram 19 80, and that in (inv) (aur) apinion death occurred an the date and hour and from the causes stated above. (1) we) (did) (did not) view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPP) PRINTING PHYSICIAN'S NAME (TYPP) PRINTING 270. BURIAL, CREMATION, REMOVAL 1336, DATE JAN. 26, 1986 CHIZUK AMUNO (ARLINGTON) BALTIMORE COUNTY MARY LANDE	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVI	EN IN PART 110
270. I certify that (1) (this haspital) attended the deceased from 19 80, and that in (inv) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES NO YES NO YES	YING CAUSES OF DEATH?
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sow the deceased olive an above. (1) well did y did not i view the body after death. 19	270.1 certify that (11) (this hospital) attended the deceased from Santy 19 50, to San 23	19 Sto., the (II) (we) lost
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTO	saw the deceased alive an above (1) we) (did) (did not) view the body after death. 19 8 C, and that in (my) (aur) opinion death occurred an the date and hour obove (1) we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE	
BP	PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	11-23-816
	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPECIFY) BURIAL TAN 26 1986 CHITILY AMINO CARLITOCOTO DE SECURITORIO	COUNTY MARY LAND
(VRA 15, 4) 6010 REISTERSTOWN RD. BALTO. MD 21215 BAN 2 9 1986		RAR'S SIGNATURE

ACT - EEE 1 Die Grand Grand PLAN & LANGE DAY AND A SHOPE OF THE SHOPE OF Markett ager Till State of Anna Mark Mark State of Medical Designation of the Control o

020017 1 - STATE REGISTRAL (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

00/98

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T DECEASED NAME FIRST (TYPE OR PRINT) WAL	DO Newconer	BARROLL	20 DATE OF DEATH MONTH	4 198% 12 PM
male	white	June 1 DAY 1928	6 AGE (INYEARS LAST BIRTHDAY) 57 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
Maryland	USA	Y? B. MARRIED NEVER MARRIED WIDOWED DIVORCED [BALTIMORE CITY OR COUNTY	TY OF DEATH MD.
BALTIMORE	UNION MEMORIAI	L HOSPITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Adm, Shell	126 KIND OF BUSINESS OR INDUSTRY OIL CO.
	altimore City	YEXE NO [500 W. Univ.	€ 21210 Barkway
	eene Barroll		garet Newcomer	LAST
160 WAS DECEASED EVER IN U.S. A [YES NO OR UNKNOWN] (# YES, C) NO	RMED FORCES? 16b SOCIAL SEC	David Ba		
PART I. DEATH WAS CAUS	ATE CAUSE (a) HEFT	TIC FAILURE	THE PARTY OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	DUENCE OF		
	AL FATURE,		route fancre	HTTTS
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION CAUSE OF D	HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM SE	B PART (OR PART 2)
Use either NOTE MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	E. FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that () (this has saw the deceased alive a above () (we light (did i	pital) attended the deceased from 19 nat view the bady after death.	01	an death accurred on the date and ha	1986 that (we) last
22b. SIGNATURE	ett & mo		STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED
JOHN A.	NESRITT	ZOL EL U	NIV. PEWY.	RATI, MD.
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11/1 1/0/	t. Paul's Cem.	CITY OR TOWN	town, Md. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FUNERAL DIRECTOR Chestertown, Md.

m. near Chestertown, Md.

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JAN 17 1986

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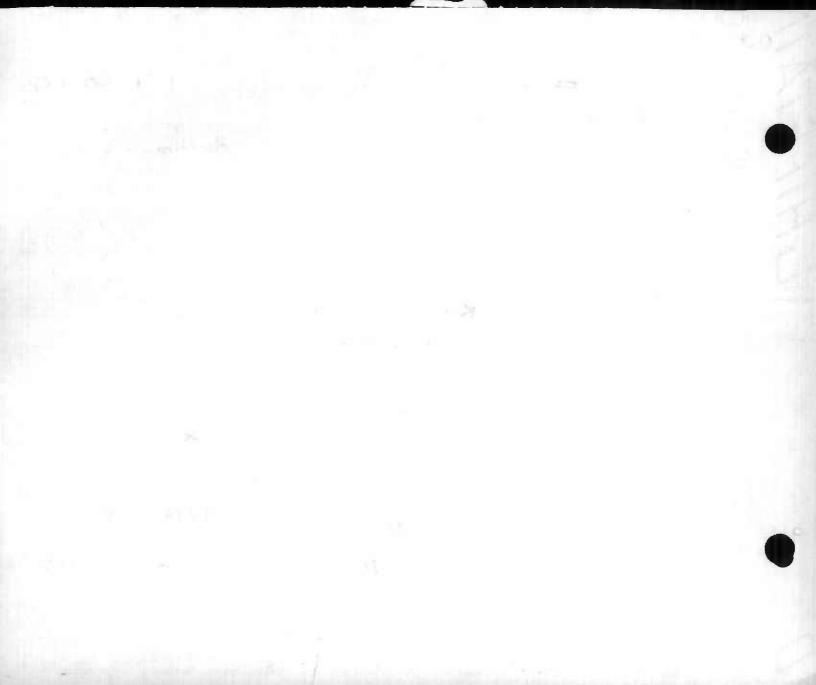
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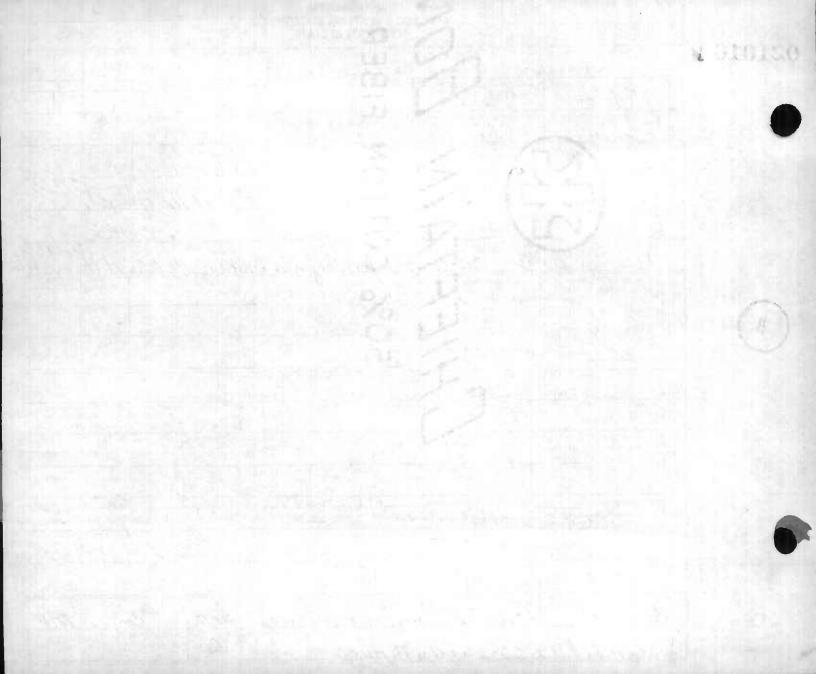
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1 4 4 J. . Laur J. Con. Har Chasternown, Dr.

DALLEY LAND 1980, TV VVL . LIT . LINCOLL SELLE S



STATE OF MARYLAND



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3 SEX

REGISTRAR I DECEASED NAME

Joseph

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Batinica

5 DATE OF BIRTH

MIDDLE

4. RACE

20 DATE OF DEATH

January

AGE (IN YEARS LAST BIRTHDAY)

30. 1986

IF UNDER I YEAR

2b HOUR

10:50

IF UNDER 24 HRS

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	A A Pos	NERAL DIRECTOR. After this certificate has been signed by the attending physician and camplete. The third of te be detached for use as the burial-transif permit. Then please recover carbonappers. Pages I and 2.————————————————————————————————————
	e O	Och De
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	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Pi d by the haspital or attending physician.	NERAL DIRECTOR. After this certificate has been signed by the attending physician and camplete. The third of te be detached for use as the buriot-transfragment. Then please resonve corbonappers. Pages I and 2

23 Male White 02 84 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Yugoslavia USA Baltimore City WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Maryland General Hospital Professor Morgan State SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 30 STATE 21201 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? YES -NO Maryland BAltimore 525 N. Charles St Apt. 916 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Batinica Maria Lukcic 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Nada Per dikis, 6914 Selkirk Drive, 20817 103-28-2190 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY Bilateral Pneumonia With Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Multiple Cerebrovascular Infarction Conditions, if pny, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERL PM 19 21d INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK 220 I certify that 36 (this hospital) attended the deceased from saw the deceased alive an and that in (now) (aur) opinion death accurred on the date and have and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF 124 PHYSICIAN'S NAME (THE CHIMINI) IMPORT c/o Maryland General Hospital O FUr hould Harry E. Nervino 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Security Process Crem. Catonsville 24 FUNERAL DIRECTOR BY REGISTRAR 25 MEGISTRAR 3 SIGNAT PENDER Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

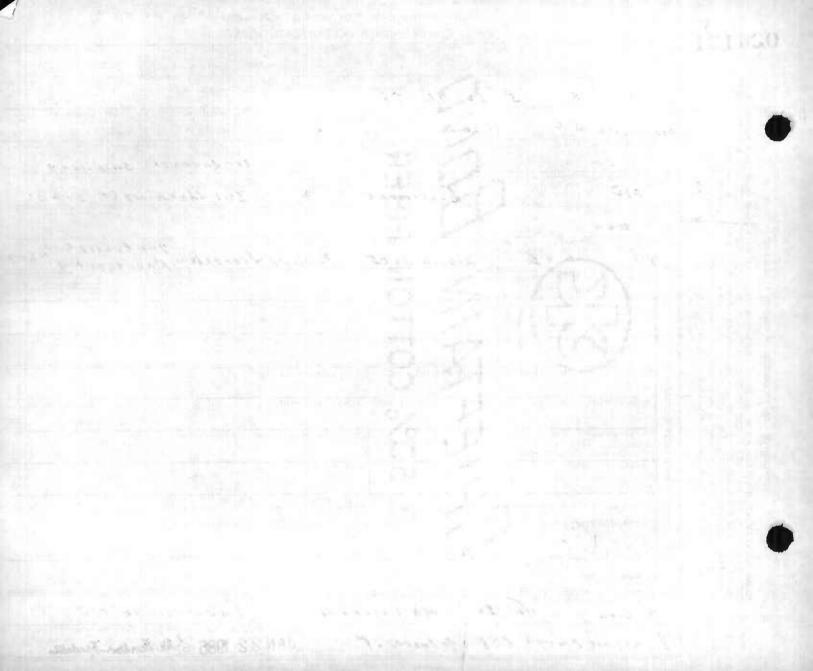
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DEPARTMENT OF HEALTH AND MENTACHYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-Oliver Baxter 86 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 6:10 PRONOUNCED DEAD 19 86 p. M 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED 1 MARININE DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OR INDUSTRY 301 S. Herring Court Baltimore ter LAGOREN 3411 MARCH AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) . STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 301 SHERRINGER LTIMURG 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO NWI 216-12-3605 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A CERTIFICATION USED, 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 Inspection XX 228 I certify that I took charge of the remains described above, held an Autapsy death resulted frame Natural causes XX Lident Homicide L Undetermined manner Assistant MEDICAL EXAMINER 1-18-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. AFTO 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CADWNS WITE MA VOTERANA STATE 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Want ne phange 630 golos un st (VR A15 ME (5))

STATE OF MARYLAND



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	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGE 6 0 0 8 0 4					
14151		REGISTRAR	MIDDLE	LAST	REG. NO.			
· ne Do	1 DE	CEASED NAME PRES	MIDDLE	n	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
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44	3.58	-/	4 RACE ////:	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN		
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9/4		ria Inv	2 FOUNDLESS GA	severally YES NOW	3519 S. Pi	VEN CALLE		
11/1	-	ATHER'S NAME	WIDDLE	IS MOTHER'S MAIDEN N	MIDDLE G	LAST		
000	100	IN grenneth	5/M	AL SECURITY NO 17 INFORMANT . &	ADDRESS	pper		
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P. P.		PART 2 OTHER SIGNIES AND	CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO THE TEL	Dulbly pictics on constitution of	DISCOLUDING TO A DATE OF		
101	No.	S/n Page	Les and H	1 1 1	WWW CONDITION G	IVEN IN PART ITO		
1117	CATH	NIL DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED		
2154	Į Ĕ	12/4/15	Miccost	as Theries Another than		IFYING CAUSES OF DEATH?		
THE TOTAL PROPERTY OF THE PARTY	CERTIFI	214. ACCIDENT WAS BROCKLYING [21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM TE			
14	4	CRECONTRIBUTING [] CHUR OF DE		TH DAY YEAR				
2 3/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE		
rked	2	AT WORK	(AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	- L	31412		
leo!	15	22a.1 certify that (1) (this hasp		from 11 30	85.10 110	, 19_86_, that (1) (we) last		
275		the directed olive or	or view the body after deat	n 19 , and that in (my) (aur) apinio	on death accurred on the date and ha	our and from the causes stated		
101		27k SIGNATURE	QV.	DEGREE		224 DATE SIGNED		
deno arts C		hulpel	XILLIU V	ATTENDING PHYSICIAN	MEDICAL STAFF	16/9/86		
Man X		374 PHYSICIAN'S NAME (1961)	PRINT	??e ADDRESS		1		
PORT P		Pachae!	61055 WY	Outv. of	Uld Hospita			
	23a.	AL CREMATICA REMOVAL	236 DATE	231 MAME OF CEMETERY OR CHEMATORY	1/ 236 JOCATION/			
	1	remotion	1/11/85	Cedar Hill Cenel	AN SUIT LAND	File MAP		
6 60M 7/84	24 F	UNERAL DIRECTOR	1/1/	DDREYM 25a. D	JAN 1 O 1986	STRARS		
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(VRA 15, 4)

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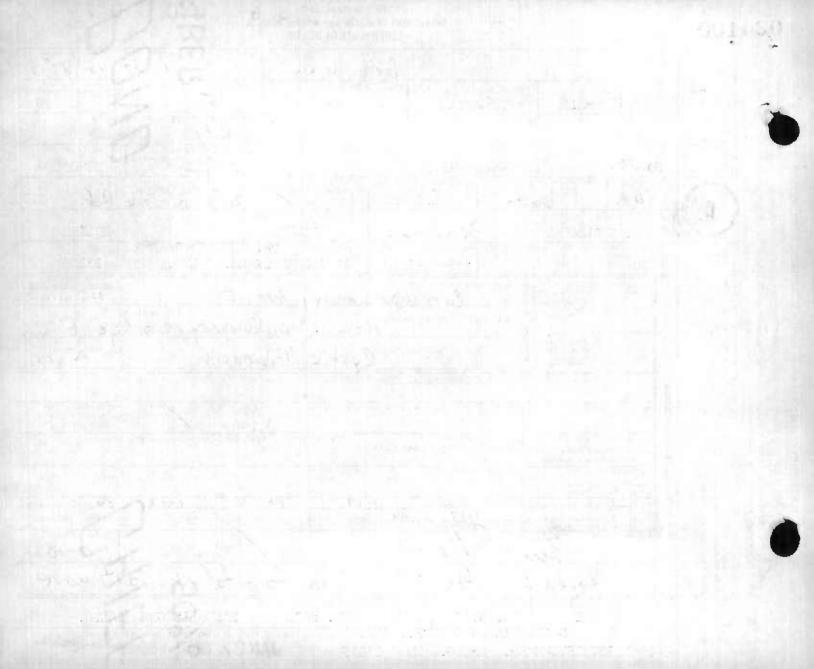
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

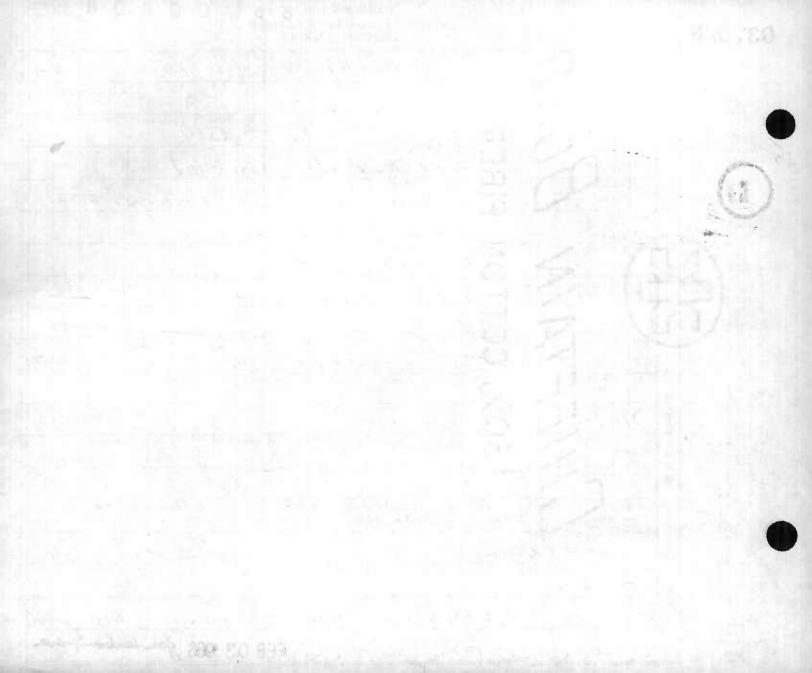
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-	-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
)		CEASED NAME FIRST	UEL		AST RD		16 YEAR 26 HOUR A-		
	1. SE)	male.	Black	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER LYEAR IF UNDER 24 HRS		
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH		
9	16:CI	BALTIMORE		PITAL, NURSING HOME C LILITY, GIVE STREET ADDRESS!		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LII) Laborer	126. KIND OF BUSINESS OR		
3	13a. S	I SIDENCE (IF NURSING HOME OI		RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 35 29 Deniso			
0	ta FA	Scott	WIDDLE	Beard	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST		
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIT	MED FORCES? 16b.	SOCIAL SECURITY NO.	Catherine	Beard 3529	Denison Rd.		
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	D BY TE CAUSE (a)	ACONSEQUENCE OF	KMIS-	PAilURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH [Mu MTL S.		
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	DUEDW	ONI A-	rminal disease or condition giv	VEN IN PART I (a		
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	n was performed	IN CERTIF	S, WERE FINDINGS USED PYING CAUSES OF DEATH? S NO		
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFETHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	P.M.	MONTH DAY YEAR	211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM IB F	COUNTY STATE		
01	W	22a l certify that (I) (this hosp the deceased alive on obove, (I) (we) (did) (did no	tal) attended the de	ceased from	, 19 Sid that in (my) (aur) apinio	on death occurred an the date and have	19 that (I) (we) last or and from the causes stated		
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY							
	12. 0		TAINE		13A	Lymare, m	0 21218		
	{	Burial, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR	1/18/86	Woodlaw		Baltimore, Md			
	24 10	Wm C March F/H	West 43	300 Wabash A		ATE REC'D. BY REGISTRAR 25b. REGIST N 16 1986	WAS SIGNATURE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

024100	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF I	E OF MARYLAND SEALTH AND MENTAL HY FICATE OF DEATH	GIENE 0 0	80/
o e po		CEASED NAME FIRST	MIDDLE	Λ	arman	20 DATE OF DEATH MONTH	17 86 815 AM
moy be	3 SE	()	4 RACE	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	
oge 4		(EMALE	CAUCASIAN	8	26 70		rrs
deoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY) OKLAHOMA	76 CITIZEN OF WHAT COUNTRY	WIDOW		P BALTIMORE CITY OR CO	MD.
o offer	E	alto.	II. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK STUDENT	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY SCHOOL
24 hou	30.	Md. ISB COUR	ROTHER INITITUTION, GIVE RESIDENCE BEFORM TO BALTI	WN	13d. INSIDE CITY LIMITS? YES NO	1130 STREET ADDRESS / ZIP 2103 Buvo	(
with with		DR. SHELDON	MIDDLE Bearu	-	15 MOTHER'S MAIDEN N. ARLENE	MIDDLE	ERLÎCH
n ond con Poge		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV NO	ve war or dates) 166 SOCIAL SEC 443-60-			R. SHELDONOBEA CK RD. BALTO.,	MD 21209
not the death certificate by the attending physics see remove carbon paper, cremation, or removal.			DUE TO, OR AS A CONSEQ	UENCE OF	Lassive pu	eluvuary heu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOUTING & Comin
he law requires the law bas been signed the premit Then ples ene prior to burrol aws any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO			200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
ySician: The graph of the graph	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
NG PHY offer this os the bu th and A	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC]	STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDI y the hospital or RAL DIRECTOR A detached for use rate Dept. of Heal		sow the deceased alive on above, (1) (we) (did) (did) (22b. SIGNATURE	wd/effer	De.	DEGREE ATTENDING PHYSICIAN	, 10	19 6, that (I) (we) lost d hour and from the couses stated 22c. DATE SIGNED 1-77 - 86
TO HOSPITAL OF TO FUNERAL IS should be deto with the Stone I IMPORTANT. If		Steven	2. Joffe	4.0.	Since Ho	spital of	Baltimore
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN. 19, 1986 H	BETH E	CEMETERY OR CREMATORY L MEM. PARK	RANDALLSTO	wn Balto. Mb
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR SOL	LEVINSON & BROS	5., IN	250 DA	AN 22 1986 Fu	EGISTRAR'S SIGNATURE





STATE OF MARYLAND

The Court of the C

W SHILESTER W

This is stated as

Indianal december energy ---

DHMH - 16 60M 7/B4

(VRA 15, 4)

CERTIFICATION

MEDICAL

016076

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAPHY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Tracev A. BECHARD JAN. 11.1986 3:20A M 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER ! YEAR IF UNDER 24 MPS DAY YEAR female white 07 03 70 70. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Alabama WIDOWED DIVORCED [BALTIMORE CITY CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE student SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Charles 3412 Lisa Circle Md. Waldorf 20601 DEATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Steven Bechard Kathv Swader 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Waldorf, 20601 (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 3412 Lisa Cir. Steven Bechard no none APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to: DUE TO, OR AS A CONSEQUENCE OF Congestive Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.

DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

71a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216 TIME OF INJURY (EN ER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

COUNTY

CITY OR TOWN

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 19

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

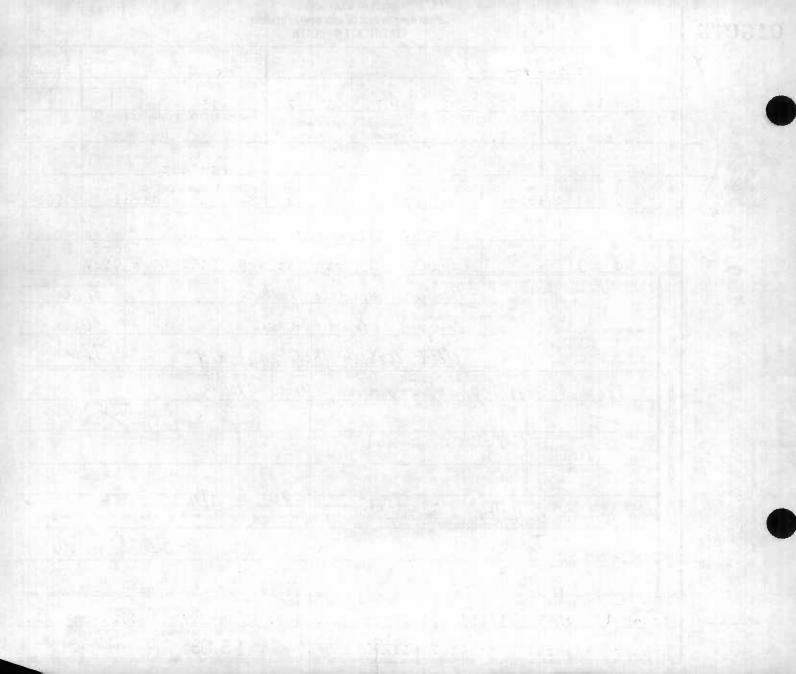
22b. SIGN. TURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS 600 N. WOLFE ST

JOHNS HOPKINS HOSPITAL 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

01/15/86 removal/burial Colbert Mem. Gar. Sheffield Colbert 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Ave.



	STATE OF MARYLAND 😥 🙏
FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	CERTIFICATE OF DEATH

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029119	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG, NO.	3 1 1
4		CEASED NAME FIRST	MIDOLE	i	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	liter	HELE	N M.	В	ECK	01	25 86 850pm
T Do	3 SE.	X	1 RACE	5. DATE C		6. AGE (IN YEARS EAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4 ecto		Female	White	Apr	il 17, 1912	73 _{YR}	The state of the s
2 hours		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	(? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
deort de ort de ort		MD	USA	WIDOWE	DIVORCED [Baltimore	City MD.
by the fur		Baltimore	IT. NAME OF HOSPITAL, NURS University F	ospita		(TYPE OF WORK FOR MOST OF WORKING Sales	12b KIND OF BUSINESS OR INDUSTRY Jewelry
filled in hould be	13a. S	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUN		WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	oad, 21212
with d 2 sh	14. FA	ATHER'S NAME FIRST A	AIDOLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	. AST
pmplet ond		Charles	Izenhood		Jennie		oung ***
e execu		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)			Warpathouriv	
be of rs. Po		No	218 01	5630	Virginia Kn	auss , Hampst	ead, MD 21074
certificate ing physic rbon pope r removal		18 CAUSE OF DEATH (Ente) onl PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (b) Cardio	Umon	an Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eoth re co on, o umat		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF	Myocandial -	Infaction	dans
by the at sse remov , cremotic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF	1 110000111 =	2/1/2001	8
signed Then pled to buriol injury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
The law ricion. te hos beei sixt permit giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ACIAN TI g physicie entificate tol-tronsit mtal Hygin em 18 sh		21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
offending offending of the burner of the	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN pital or TOR Af for use o of Health		220.1 certify that this hospite sow the deceased give on above. Move (did) did not		6	, 19 (our) opinian o	to Jan 25	, 19, that a (we) lost
the hospital DIRECTORED IN The Post		22b. SIGNATURE	en Roses		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED
HOSPITAL ined by fi FUNERAL wid be det h the Store		22d. PHYSICIAN'S NAME (TOPE OR			22e ADDRESS	DIRECTOR PHYSICIAN	1/2/3/36
retained by TO FUNER by Should be diwith the Sta			sen mo		22 S. Green		
BP	23a E	SURIAL, CREMATION, REMOVAL SPECIETY Burial			emetery or crematory	Balto.,	COUNTY MD STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL	JNERAL DIRECTOR Henry NAME York Road	W. Jenkins 8 Balto., MD		Co. 250 DATE	REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE

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1/25/ Henn V. Jenine one Co. Mest York for Enthol, Maria

24	1,	FOR STATE REGISTRAR	01.002	DEPARTA	AENT OF HE	OF MARYLA ALTH AND I CATE OF D	MENTALHYG) 0 3 REG. NO.	1 2	
1		EASED NAME FIRST	Irvin xxxxx	Lervy	LA	Beck	er Sr.	20 DATE OF DE	186	DAY YEAR	7 7 A
3	. SEX	4 Male	4. RACE White		5. DATE OF	BIRTH 18	*18	6. AGE TINYEARS	LAST BIRTHDAY) YRS	IF UNDER I YEAR	IF UNDER 24 HRS
33		OUNTEN MARYLAND	76 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER A	AARRIED		nond (it		N
31	0 CI	Baltimore	11. NAME OF HO	SPITAL, NURSING SCOTT	ADDRESS) .		enter	120 USUAL OCI (TYPE OF WORK FO Retire	MOST OF WORKING		Gov to
	30.5	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GI	ive residence before 30 CITY OR TOW Baltimon	ADMISSIONI N	13d INSIDE C	NO 🗌		oress / ZIP COI	St. 212	224
300	4 FA	THER'S NAME William A	nipole rton	Becken			S MAIDEN NAI FIRST VA		IDDLE	Frei	5 7
medical		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? I	66. SOCIAL SECU 216-03-4	204	Helen		ker 447	S. Orew		224
and the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per li ED BY: .TE CAUSE (a)	cardia		nest				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
other trausafic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE	THE OF	ial	bleed				
)	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON					INAL DISEASE O	r condition g	IVEN IN PART I	a
12	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPS	IN CERT	ES, WERE FINDI	
- PE-10		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART T OR PART 2)	
P P P P P P P P P P P P P P P P P P P	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY T, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATIO		C	ITY OR TOWN	COUNTY	STATE
27 is mo		220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n	n	19		8 186 d that in (my)	(our) opinion	, to death accurred a	n the date and ho		that (1) (we) la couses stated
# H H		226. SIGNATURE	in		D			MEDICAL DIRECTOR	STAFF PHYSICIAN [220 DATE	ISIBNED
RTAN		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	S				U.S. A.

Oak Laun Cemetery

1-22-86

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84

(VRA 15, 4)

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P. W.					

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO

DECEASED NAME 2ª DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Eligear Bell 1/31/86 :30P 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5/15/16 Female Black. a BIRTHPEACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balt. City WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Baltimore Mt. Sinai N.H. Retired USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13c CITY OR TOWN 13a STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Balt. MD City 3027 Wylie Ave. 21215 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Richard Bell Katie Rell 16b. SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) 215-28-3101 Edna Garrison 3027 Wylie Ave. 2121 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CVA IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 ANGINA IFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (the second) attended the deceased from 1/2/1/85

MPORTANT: should be with the St

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

I SPECIFY)

Burial

saw the deceased al above, (1) (welldid) (did) 226. SIGNATURE X

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 236. DATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

22e. ADDRESS

ATTENDING

MEDICAL

PHYSICIAN X DIRECTOR PHYSICIAN

and that in (my) (XXX opinian death occurred on the date and hour and from the causes stated

3640 Fords Lane Balt. MD 21215

Baltimore

23d LOCATION

COUNTY

22c DATE SIGNED

1/31/86

William C. March F/H West 4300 Wabash Avenue

2/4/86

Arthur M. Lebson, M.D.

1/25/86



BP.

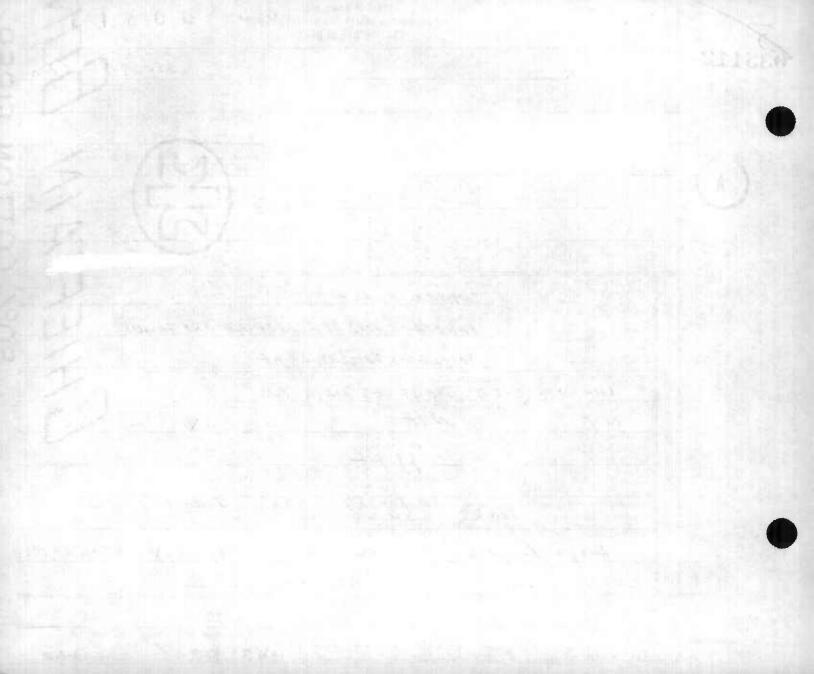
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND	9 4
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

00815

	1 -	STATE REGISTRAR		ou Aid	CERTIF			All I'm a the	0.		
				AIDDLE	1	AST		20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
	,,,,,		TAN SI	ARAH	BI	ET.T.		1000	01-2	9-86	610am
	3 SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BI		IF UNDER YEAR	IF UNDER 24 HRS
		F	E		1 nonth	29	.Q8	78	YRS.	MONIHS DAYS	HOURS MIN.
-	Ja Bl	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVED MA	DRIED D	9 BALTIMORE CITY		OF DEATH	
3	I. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MODILE (TYPE OR PRINT) 3. SEX LITLITAN SARAH BELLI. 3. DATE OF BIRTH B 1 1 29 168 78 78 78 78 78 78 78 78 78 78 78 78 78			CTTV		MD.					
11	10 CI	TY OR TOWN OF DEATH				R OTHER INSTIT	UTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
4	D A	TTTMODE				rm's t			_	INDUSTRY	
5	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					at the	
M	300 3	100 000	VIY							ROAD	21218
7	14 FA	THER'S NAME			.0112	4	tand .		TUICE	TOTID	21210
			MIDDLE		EV	FMN	AE-D-D-D	MIDDLE		WATK	INS
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?					ADDR	ESS	WAIN.	LIND
	t,	NO (IF YES GIV	VE WAR OR DATES)	214-16	-340	EMM	IA GRI	EEN 3810	MONTE	REY ROA	D
									TIOITIE		MATE INTERVAL DINSET AND DEATH
		PART I DEATH WAS CAUSE	D BY			174				BETWEEN	NSET AND DEATH
		IMMEDIA				7.77					
6.		Consider to	DUE TO, OI	AS A CONSEQU	ENCE OF	AX / NT	DES	DIPOTADY	7.4T1.	RE	
А		gave rise to immediate	(b)_		19.1	DIEN	760	r minero	FILLE	٨	
			DUE TO, OI	DA CELLA	ENCE OF	ALLIDE	10110	_		Library.	
	V	DART 2 OTHER SICNIES AND									
	N		EN IN PART TIE								
	ATIC										
7	IFIC	NIA		NA				YING CAUSES			
7	ERT		7 15 TIME O	FINJURY	-	121c HOW IN III	RY OCCURR		YES	larend .	NO []
H		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	10	NI OCCORR	LED (ENIER WATORS OF INJU	KT IN I(EW 16 P)	IRTTORPART2)	
	OIC.				19	121 LOCATION					
	MEI	WHILE [7] NOT WHILE [7]			FARM, ETC)	STREET		CITY OR TO	NWO	COUNTY	STATE
					Tan	20	. 6/	7	0	. 8/	
r		saw the deceased alive an	Jan offended the	29 10	86 0		19 <u>8. 6</u>			9 0 62 , 1	that (1) (we) last
7		abave, (1) (we) (did) (did no	it) view the bady	after death			0.7 ap077 a	accorded an me a	are and naor	22c. DATE	
		D ID	0.	40		ATT		MEDICAL STA			
		274 PHYSICIAN'S NAME ATTOR		2			YSICIAN [DIRECTOR PHYSIC	IAN []	Van	29,1986
5		STATE OF THE PARTY					MEMODI	AT HOCDIMA			
4									Li .		
	23a B	URIAL, CREMATION, REMOVAL						CITY OR TOWN	221	COUNTRAT	YLAND
			12-3-1	36	BALT	IMORE					
	Z4 FL		/	1 1 ADDRESS	NOT				ZSB REGISTE	PAR'S SIGNATI	JRE
		WM.C.MARCH F	/H INC.	LIULE	. NOF	TH AVE	· 1 1 1 1	N 3 1 1086	- Sinch	204 dans A	ando pp.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21 hours death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 5 and 2 should in Illinears are softer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPITAL OR ATT	TO FUNERAL DIRECT should be detached for with the State Dept. of

016075

1 - STATE

3 SEX

REGISTRAR DECEASED NAME

FEMALE TO BIRTHPLACE (STATE OR FOREIGN

MARYLAND
CITY OR TOWN OF DEATH

FIRST

MARY

4. RACE

	DEPARTN	ENT OF H	OF MARYL	MENTAL HY	6 SIENE	0	0	8	1 6	
	WIDDLE	i.	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b HOUR
	JANE	BE	тт				1	12	86	1.00A M
4. RACE	JANE	5. DATE C			6 AGE INYE	ARS LAST B	(RTHDAY)	IF UP	NDER I YEAR	IF UNDER 24 HRS.
TAT	HITE	MONTH	DAY 8	1918	6	7	YR	MONT	HS DAYS	HOURS MIN.
	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER	MARRIED X	9 BALTIMOI	RE CITY	OR COU	NTY OF	DEATH	440
11. NAME OF I	HOSPITAL, NURSIN HFACILITY, GIVE STREET A GNES HOSP	G HOME C DORESS)			12a USUAL C (TYPE OF WORK	FOR MOST	OF WORKIN	1		PER & O
OTHER INSTITUTION	13c. CITY OR TOWN		13d INSIDE C	ITY LIMITS?	13e STREET A	DDRESS	/ ZIP C	ODE		
	BALTIMOR	E	YES X	NO 🗌		PARK	SLEY	AVE	NUE	21230
MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE			LAS	ī
	BELL	9 953	E	LIZABET	H				STE	WART
MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMA	ANT	LIA TL	ADDI	RESS			
	217-10-	1066	MARY	JANE BE	IL 210	9 PA	RKSL	EY A	VE.	21230
y one couse per D BY: E CAUSE (o)	Candle	40	vre	st					BETWEEN	MATE INTERVAL ONSET AND DEATH
DUE TO, O	RAS A CONSEQUE	NCE OF	tacky	rarda	i/fre	brel	late	in		
DUE TO, O	RAS A CONSEQUE	NCE OF	stery	dise	ase.	Sla	tess	por	told	MI
onditions <u>co</u>	ONTRIBUTING TO	E AT BUT	NOT HELATED	TO THE TERM	VINAL DISEASE	OR COI	NOITION	GIVENI	N PART 110	a .
19b COND	TION FOR WHICH	OPERATIO	WAS PERFO	DRMED	20a AUTO	PSYS			RE FINDING	NGS USED

1	BALTIMORE		ST. A	GNES HO	SPITAL			Time	Keeper		DATE	ROA	D
	AL RESIDENCE (IF NUR	1136 COUNTY		GIVE RESIDENCE		1 134 INSIDE CITY I	I I SZILANI	2 STDEET	ADDRESS / Z	IP CODE	TUILL	TOTI	
	RYLAND	138 COOI411		BALTI				2113	PARKST		ביאוד וובי	212	30
-	ATHER'S NAME			LDALITI	ORE	15 MOTHER'S MA		<u></u>	PARASLI	CY AVI	SINOL		30
	EIRST	MIC	DLE	LAST		FIRST			MIDDLE		LA	AST	
	CHARLES			BEI			ZABETH				ST	EWAR'	T
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT			ADDRESS				
	NO	, , , , , , , , , , , , , , , , , , , ,		217-1	10-1066	MARY JAI	NE BEL	L 210	9 PARK	SLEY	AVE.	212	30
	18 CAUSE OF DEAT			line for (o), (b	l, and (c)		1				BETWEEN	XIMATE INT	ERVAL ND DEATH
	PART I. DEATH V	VAS CAUSED I		Caro	uaco	wrest	_				But		
	-	MINICULATE		21402 4 24 9	EQUENCE OF			1 .	1 11				
	Conditions, if any	which	00000	1) 2ME.	ICHIAN	tackun	andio	/de	brella	tim	100		
	gave rise to im	mediate	(b)	11410-1	marie :	cucing to	viint	10	0	CQ C	1		
10	underlying coust	9	DUE TO, OI	RASACONS	EQUENCE OF	a Nostes	A. io	210	Note	11 00	tole.	IMI	
10			(c)	COU	nwige	very	unce	UH.	gane	1) Aco	100	1117	-
7	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DE AND BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	SE OR CONDIT	IONGIVEN	IN PART 1	la	
ō	Charles Shi					/							
13	190 DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORME	ED	20a AUT		Ob. IF YES, V			
CERTIFICATION	No. of the last		100					YES	NO	YES		NO	
18	21a ACCIDENT WAS UN	DERLYING	216. TIME O			21c. HOW INJUR	Y OCCURRE	D (ENTERN	ATURE OF INJURY II	NITEM IB PART	ORPART 2)		
A P	OR CONTRIBUTING			M. MONTH		- TE / TE							
EDIC	21d INJURY OCCUR		P.I		19	21f LOCATION						_	
ME	WHILE NOT W			EET FACTORY OF	FICE FARM ETC 1	STREET			CITY OR TOWN		COUNTY		STATE
	AT WORK AT WO	ORK -					411				-1.16.		
	22a I certify that (I		attended the	e deceased fr			924	to					
	sow the deceas abave, (1) (we) (new/the bady		19 86 . a	nd that in (my) (aur	r) apınıbn de	ath accurre	ed an the date	and havr a	nd fram the	e causes s	stated
	226. SIGNATURE		6			DEGREE		/			220 DAY	ESIGNE	9
	Comme	NO A	enile.	m &			NDING SICIAN FOR	DIRECTOR	STAFF	NΠ	11/	13/	26
1	174 PHYSIGIAN'S N	AME I'M DE	theil)	1115		220 ADDRESS	SICIAIN IE	DIRECTOR	L Misicia		1//		0,
	prophito t	DEST	mpa U			DAFE 17	11	7					
-	EUGENIO E					3455 Wi							
	BURIAL, CREMATION (SPECIFY)	, REMOVAL	23b. DATE	1000	23¢ NAME OF	EMETERY OR CREA	MATORY	23d LOC	ATION Y OR TOWN	Ç	COUNTY		STATE
	BURIAI		1/14/	86	Rose Hi	ill Cemet			perland		LEGHA		MD.
24 F	UNERAL DIRECTOR			1		21220	250. DATE	REC D. BY I	REGISTRAR 25th	. REGISTRA	R'S SIGNA	TURE	

DHMH - 16 60M 7/84

BP.

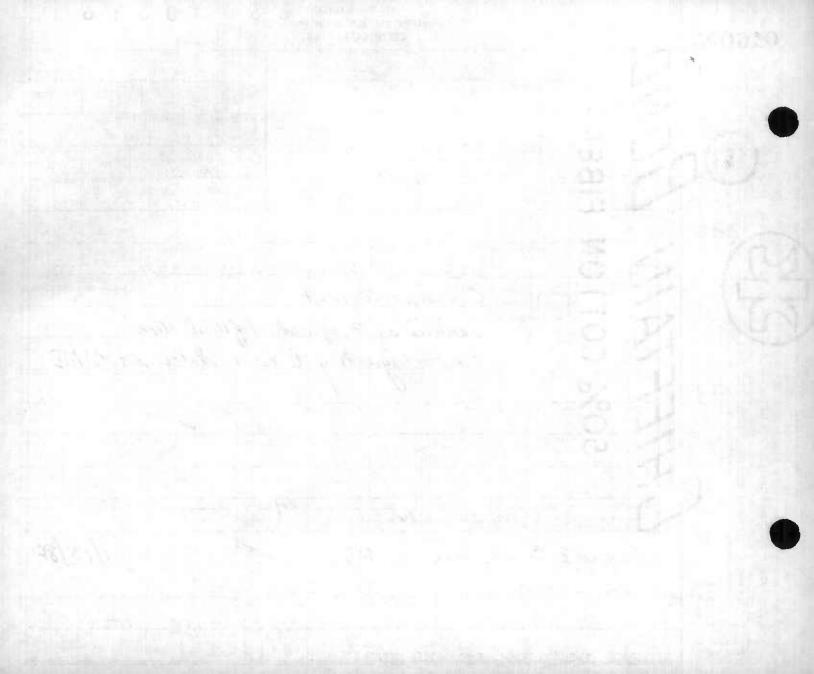
MPORTANT.

21229 ADDRESS (VRA 15, 4) 4107 WILKENS AVE HUBBARD FUNERAL HOME, INC.

Rose Hill Cemetery Cumberland ALLEGHANY

21 220 PAGE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

historid



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

STATE OF MADVIAND

0	0	8	1	1

	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI	REG. NO) (i		
	1. DECEASED NAME FIRST (TYPE OR PRINT) RICHARD	A		BELL	Id. Ditte Of Dentiti	01	12 86	26. HOUR 11:05pm
١	3 SEX Male	RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTH	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
6	COUNTRY) USA	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSING	WIDOWE		Baltimore CITY OF Baltimore	city	1	MD.
5		Good Samaritan		ital of MD	Chemist	WORKING	HEEL INDUSTRY	ical Co.
5	USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE 13b COUNTY Maryland	13c CITY OR TOWN Baltimor	1	13& INSIDE CITY LIMITS? YES [3] NO [zip coi le A	D€ Ave.Balto	o.MD 2121
0	14. FATHER'S NAME Adolph	Bell 1		Paula	AE MIDDLE		Zimm	erman
	160 WAS DECEASED EVER IN U.S. ARMED			Isaac Gemmell	ADDRES			1204 o. Md.
THE REAL PRINCE	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	Y: AUSE (0) Cerebral S DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	trok				peneumo	
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	. 196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [
7	On COLUMNIC TO CAUSE OF DEALTH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TE	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TOW		COUNTY	STATE

should be detached for use as with the State Dept. of Health FUNERAL DIRECTOR BP.

MPORTANT: If Hem 21

77b. SIGNATUR

DHMH - 16 60M 7/84 (VRA 15, 4)

Cesar M Pena 230 BURIAL, CREMATION, REMOVAL SPECIFY; Burial

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

22e ADDRESS

DEGREE

ATTENDING

Good Samaritan Hospital of Maryland. 23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN XX

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Jan. 15, 1986

e Maryland
756 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

01/12/86

Charlier Charles end Co. Jell. Malona Lust Isane leadel to the heavened bond below. Id. Jan. 15, 1986 Parizoned Legeurers Libera. error haras Lemand a. Lucis, Inc. Saltimore, Maryland

etoined by the hospitol or

BP.

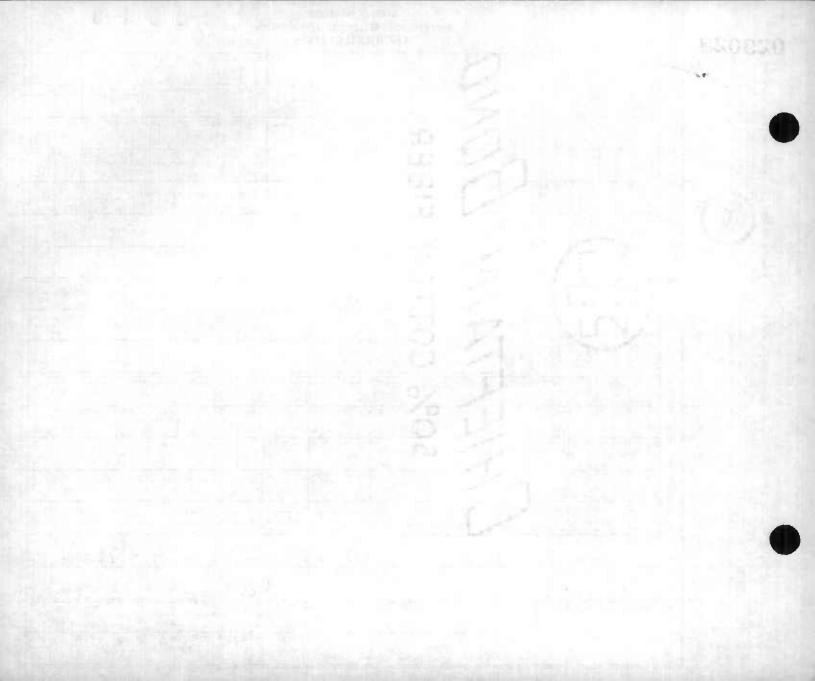
DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO.

a	1 DEC	EASED NAME FIRST	N	AIDDLE	L	AST		2a. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR	
1	HALE	Walter	В	January 25, 1986								
1	3. SEX		5. DATE OF BIRTH MONTH DAY YEAR			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
1		Male Black				[°] 16	16	69	YRS	MONTHS DATS	HOURS MIN.	
-01		BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?			8 MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
		South Carolina U.S.A.				DI DIVO	BALTIMORE CITY.					
			11. NAME OF HOSPITAL, NURSING HO			ROTHER INSTIT	UTION				MD. OF BUSINESS OR	
-	BA	ALTIMORE	1636 N. Caroline St			reet		N/A	IF WORKING ((IFE) INDUSTRY		
	USUA 130 S	AL RESIDENCE HE NURSING HOME OF OTTATE 1136 COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	/ ZIP COE)F		
1	Ma	aryland —		Baltimo	re	1/1/	40 🔲	1636 N. Ca	irolii	ne Stree	et 21213	
	14. FA	THER'S NAME	DDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE		ĮA5		
		George		Bell		Unkn		, moott		***		
-	1.4	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	4	17 INFORMAN	T	ADDR	SS	PAIDIL	222	
	1	VO 0	217-26-68			Josep	hine B	oline St	ine Street			
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per	line for (a), (b), and	Ich	./ 1			11:30	BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		IMMEDIATE CAUSE (a) MULTIPLE Myeloma										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (b) gove rise to immediate										
		couse (o), stoffing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF										
1		(ic)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR										
N.	CERTIFICATION	190 DATE OF OPERATION	TISK CONDI	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	206 IF YE	ES WERE FINDIN	VERE FINDINGS USED		
	IFIC		The condition to the training was			· · · · · · · · · · · · · · · · · · ·		IN CERTIFYING CAUSES			OF DEATH?	
-	ERT	210. ACCIDENT WAS UNDERLYING	ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJUR							PART I OR PART 21	NO 🗍	
Ê		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR										
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE C		19	211 LOCATION	1					
	ME	WHILE NOT WHILE T	(AT HOME STRE	EET, FACTORY, OFFICE FA	RM, ETC)	STREET		CITY OR TO	NN	COUNTY	STATE	
		220 I certify that (I) (this hospita	1) ottended the	deceased from_			19	to		. 19	that (I) (we) lost	
		sow the deceased alive on										
		226. SIGNATURE	\ \ \ \ \ \	oner deom.		DEGREE	32 131			22c. DATE	SIGNED	
	Reliand Johnes MD ATTENDING MEDICAL STAFF									IAN 🗆	1/27	186
		22d PHYSICIAN'S NAME ITYPE ORP	RINA		100	22e ADDRESS			0 /	- /	/	
		Kichard J	. Jones			Johns 1	Hopkin	5 Oncology	Conte	2 Bah	Imore, MD	
	23a B	URIAL, CREMATION, REMOVAL	236 DATE			METERY OR CR		23d LOCATION				
	13	BÜRIAL	1/28/8	36 Ba	ltimo	re Ceme	tery	Baltimor	e,	a wandson	Idrandase	
		INERAL DIRECTOR	THE	ADDRESS			25a DATE	ALOVO BY REGISTRAN	PEGIS	TRAR'S SIGNAT	URE	
MArch Funeral Homes 1101 East North Avenue												



023105 flor, page 3 ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND BEALTH AND MENTAL HYGIENE FOR

0	0	8	1	9
-10				

l'	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.					
	ECEASED NAME FIRST	MIDDLE	t .	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
1	Eilee	n VS. ILEEN	Bel	lamy		THURSHIT	17	1986	0025AM			
3. 5		4. RACE	5 DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
	F	В	MONTH 2	3	47	38	YRS.	WONING DAYS	HOURS MIN.			
100	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? B			9 BALTIMORE CITY O	R COUNT					
M	ARYLAND	U.S.A.	WIDOWE	Baltimore City								
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C			120 USUAL OCCUPATION 126 KIND OF B			MD. OF BUSINESS OR			
	Baltimore	Union Mer		Hospi	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
USI 43a	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 130 CITY OR	TOWN	13d INSIDE	ITY LIMITS?	13e STREET ADDRESS	ZIP COD	Ε				
M	ARYLAND	Balti	imore	YES X	NO 🗌	1752 Homes			21218			
14 F	FATHER'S NAME FIRST	MIDDLE LAS	of .	15 MOTHER	S MAIDEN NAM	NE MIDDLE		LAS				
1	James	Cabness	s. Sr.	Ir	rene	Lewis						
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDRESS						
	Unknown		14-4883	Irene	Cabnes	s 1555 Home	estea	d Stree	t			
	18 CAUSE OF DEATH (Enter of		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	PART I. DEATH WAS CAUSI	TE CAUSE (a) Courd	lio gulpo	wary	Arrest			7	lays			
		DUE TO, OR AS A CONS		1	TOTAL TO							
	Canditions, if any, which											
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying cause lost.											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a											
S S	aspiration phenonia, renal failure											
N	190 DATE OF OPERATION	HICH OPERATIO	- 1 10	DRMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?					
Ĕ						YES NO	ES T	NO T				
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c HOW II	VJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART (OR PART 2)				
	LONGOVERNOUS DISCUSSION AND MONTH DAY TEAK I											
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION										
Z	WHILE NOT WHILE I (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE											
	220.1 certify that (I) this haspital attended the deceased from 9 January 1986, to 17 January 1986, that (I) we nost											
	saw the deceased alive an 10 JANGA 19 Bo . and that in my (aur) opinion death accurred an the date and have and from the causes stated above. The claim of the body after death.											
	22b. SIGNATURE DEGREE								22c. DATE SIGNED			
	July A. Goerel MD ATTENDING MEDICAL STAFF							17 7	17 JAN 86			
1	224 PHYSICIAN'S NAME (TYPE	HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
	Julie	spital	3700									
230	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OF		123d LOCATION		-				
1.00	(SPECIFY)		The state of the s			CITY OR TOWN	المام	COUNTY	STATE			
24 1	BUrial FUNERAL DIRECTOR	1/22/86	Ledar F	1111 6	emetery 250 DATE	REC'D. BY REGISTRAR	250 REGIS	TRAR'S SIGNAT	Md.			
							70 va		March Carrier			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached far use as the burial-transit permit. Then please remove carbang with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar rem

IMPORTANT: If them 21 is marked or them 18 shows any

March Funeral Homes 1101 East North Avenue

PESCO JIV TV PRICINE Combining water of Arrests modern frame , a summer say with great IN MANY OF THE STREET OF THE PERSON OF THE P was a me

Tonivad LANGE SEE SHELLER STATE OF THE SECOND OF THE

ANIDOLE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (y) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3501 St. Paul St., Balto., MD STATE 1/11/86 Loudon Park Balto., MD Burial 250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD

STATE OF MARYLAND

CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR

Food Service

1986

INDUSTRY

Edwards

DHMH - 16 60M 7/84 (VRA 15, 4)

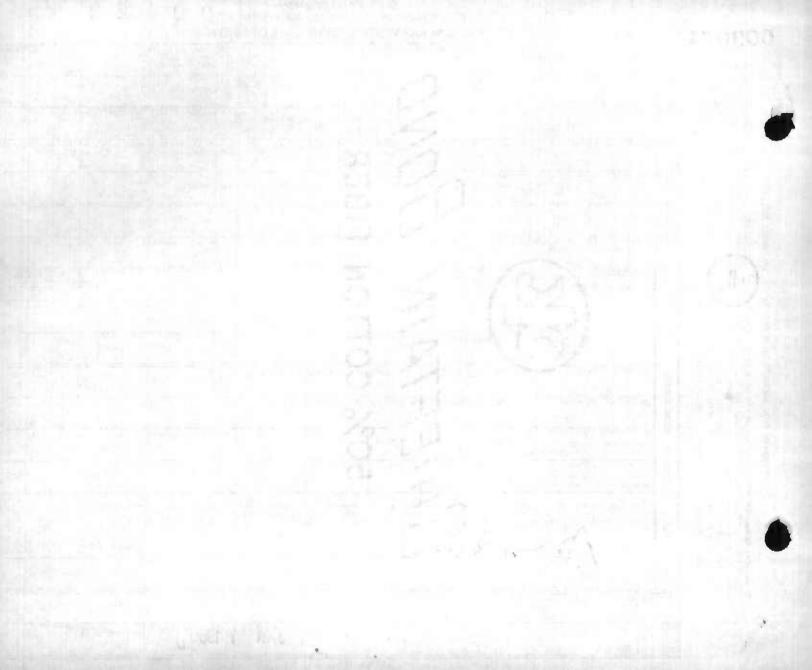
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- STATE

REGISTRAR

COLUMN elters C51 t. u . C51 t. Bilto. x SC45 ht. Phu St., 61614 Eplus Uramenta Vincinia 2613 eta de arte de la virta de la companya de la compan Stor at. Paul St., Saltd., ND CHARLE SELECTION Europa Entrol , . Cot(= E Harry M. Jandha & Sona Co. Mede York For Balto., N. B. 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DYGIENE FOR 1 - STATE 009074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TO DATE KNOWN TH DECEASED NAME (TYPE OR PRINT) ESTI-IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED. WITHIN 72 HOURS. OF ANTOINE DEATH MATED 1986 BENJAMIN 5. DATE OF BIRTH 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR 2d. HOUR IF UNDER 24 HRS DATE PRONOUNCED 2:30_M 1968 male black DEAD 1986 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED V USA Md DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION TTYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 2800 blk. Presstman St. Baltimore Student MSUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 134 INSIDE CITY LIMITS? 13b. COUNTY 13e. STREET ADDRESS Md Baltimore 3119 Baker Street 21216 BALTIMORE: MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE hillip Benjamin Lenora Haves 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWNI (IF YES GIVE WAR OR DATES) No 217-41-8141 Lenora Benjamin 3119 Baker Street CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest (unspecified weapon) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION USED AS 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES ST NO [E 3 SHOULD BE I 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH $2:15 \times 1-4-$ 1986 Subject shot. TE PLACE OF INJURY TATHOME II LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 2800 blk. Presstman St., street Balto. City MD TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFTER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2) 270 I certify that I took charge of the remains described above, held an Autapsy Inspection Hamicide X death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 1-4-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/8/86 Baltimore Nat Cemetery Baltimore 256 REGISTRAR SON MONTH MA 07/84 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

COUNTY

2h HOUR

126 KIND OF BUSINESS OR

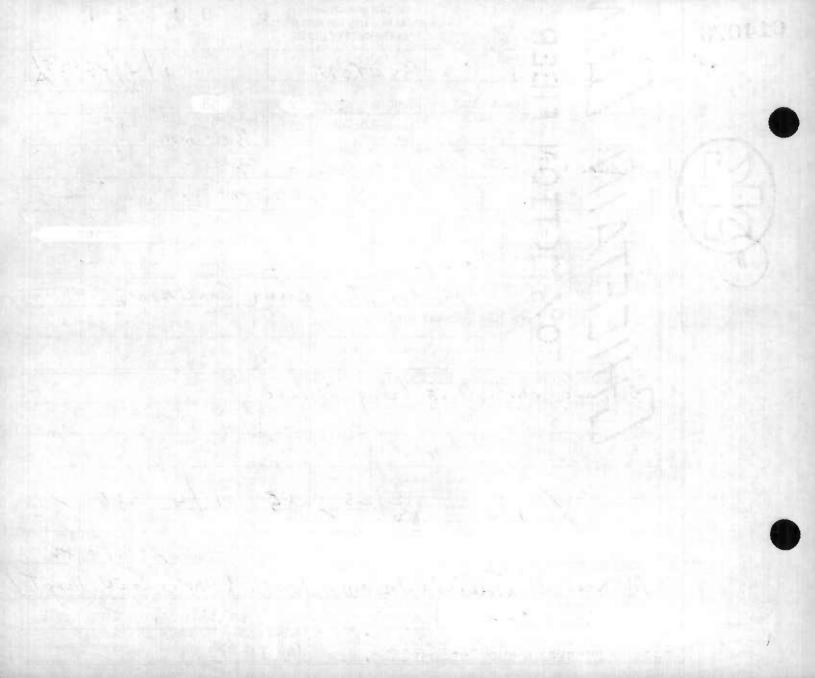
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3	{YE	AS DECEASED EVER	1958 -	AR OR DATES	16b. SOCIAL SECUR		17. INFORMANT (wife) ADDRESS						
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	1	AT WORK - AT V	ORK				8777						
		22a Certify that I took charge of the remains described above, held an Autopsy N, Inspection , Inquiry , and in my opinion											
		death resulted from	n: Natural	couses X	Accident,	Suicide	, Hamicide	Undetermine	monner				
		ACTUAL	M	100	0		TITLE (SPECIFY)	nn+		DATE	1/10	100	
70	1	SIGNATURE	1	V	X		ASSIST	ant MEDICAL E	KAMINER	SIGNED	1/16/	86	
1		EXAMINER'S NAME	An	n M. Dix	on, M.D.		ADDRESS 111 1	Penn St	Balto M	D			
73	_	RIAL, CREMATION,			23c. NAME OF C			23d. LOCATIO		0.			
1.	(SP	Cremation		20 Jan 86			k Cremato	CITY OR TOWN	Louis, Mi	SOUT	f STA	ATE	
2	4. FU	NERAL DIRECTOR					25a. DA1	E REC'D. BY REGIS					
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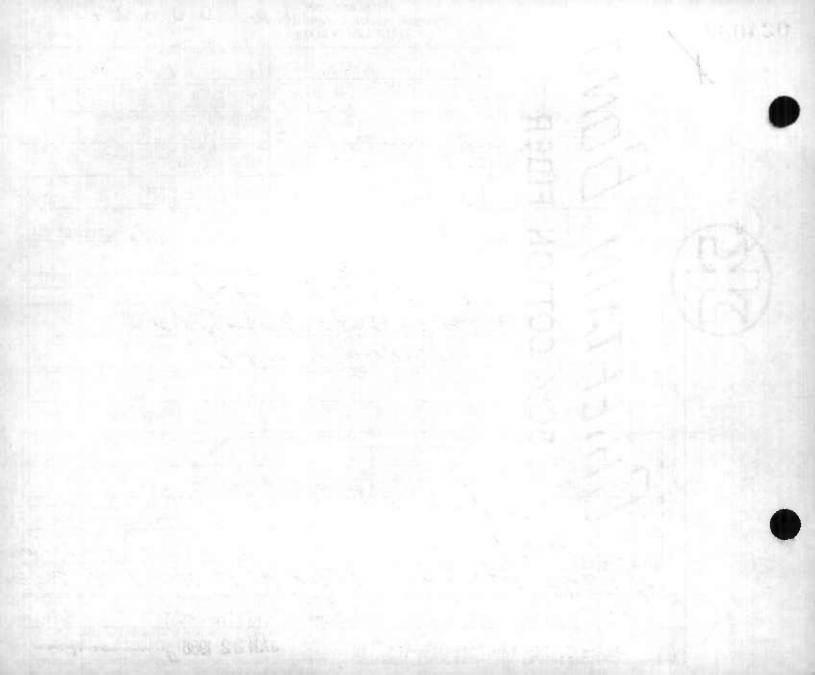
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

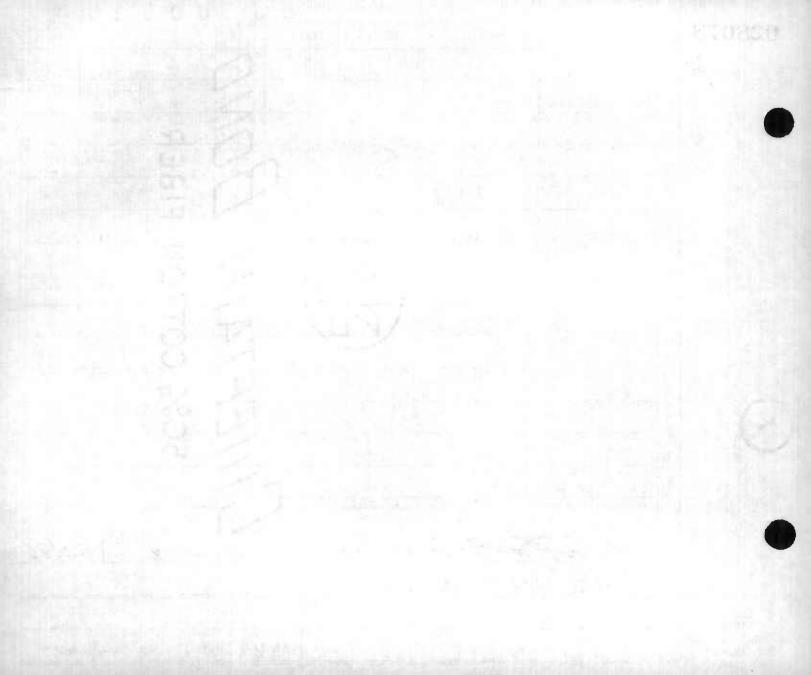
		STATE OF MARYLAND
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1	STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.				
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	Md	COUNTY		Baltim		YES T	TY LIMITS?	2103 Div	ison	Stre	er	21217	7
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1	N/A Henry		_	ivens		I N / A	Adlee			F	Baile		
	WAS DECEASED EVER IN U	e wer early	D FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAL	VĪ	ADD	RESS				
1	YES NO OR UNKNOWN	WWII	AR OR DATES	083-10	-4629	Eula B	ivens 2	2103 Divis	on St	reet			
	18 CAUSE OF DEATH (E			line for (a), (b	o', and ic						APPROX	ONSET AND	VAL
	PART I DEATH WAS		BY. CAUSE (o)	Acute	Myocar	dial In.	farctic	on,			1000	lours	
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CERTIFICATION	190 DATE OF OPERATION	N CIT	196 CONDI	TION FOR WI	HICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	20b IF	YES, WEI	RE FINDIN	NGS USED	
TIFE	Real Princes.							YES TO NO TH		YES T	CAUSES	OF DEATH	H?
CER	21a. ACCIDENT WAS UNDERLY		21b. TIME O			21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN		18 PART I C	OR PART 2)		
	OR CONTRIBUTING CAUS		HOUR A./		DAY YEAR								
MEDICAL	21d. INJURY OCCURRED		21e PLACE C	OF INJURY		211 LOCATIO	N	10.17					
¥	WHILE NOT WHILE		(AT HOME STR	EET FACTORY OF	FICE, FARM ETC)	STREET		CITY OR	TOWN		OUNTY	51	TATE
	22a.1 certify that X (this	s haspital	attended the	deceased fr	om Jan	uary 22	10 86	to Janua	ry 22	198	6	that 🔏 (w	ve\ last
	saw the deceased a above. **(we) (did)					nd that in (1367) (our) apinion d	leath occurred on the	date and h				
	22b SIGNATURE	(d)X Xot v	new the body	ofter death.	, [DEGREE					22c DATE	SIGNED .	,
	1//1		5	5/1	En		TENDING		AFF		1/	23/	21
	220. PHYSICIAN'S NAME	(TYPE OR PR	RINT)			22e ADDRESS	HYSICIAN [DIRECTOR PHYS	RIAN		. /		0 /0
	MITTO	-1111	51 1	3 HI=	RP MA	10.1	An 7 -	7.0					
23n I	BURIAL, CREMATION, REM	17/7	23b DATE	110	23c NAME OF C			d General	Hospi	ital			
250	Burial	TOVAL	1/28/		Arbutus			CITY OF TOWN		cou	NTY	N	/d
	UNERAL DIRECTOR		1/20/		Al bucus	TICINOT TO	250 DATE	REC D. BY REGISTRA	RI25h REG	ISTRAP'S	SIGNAT		-
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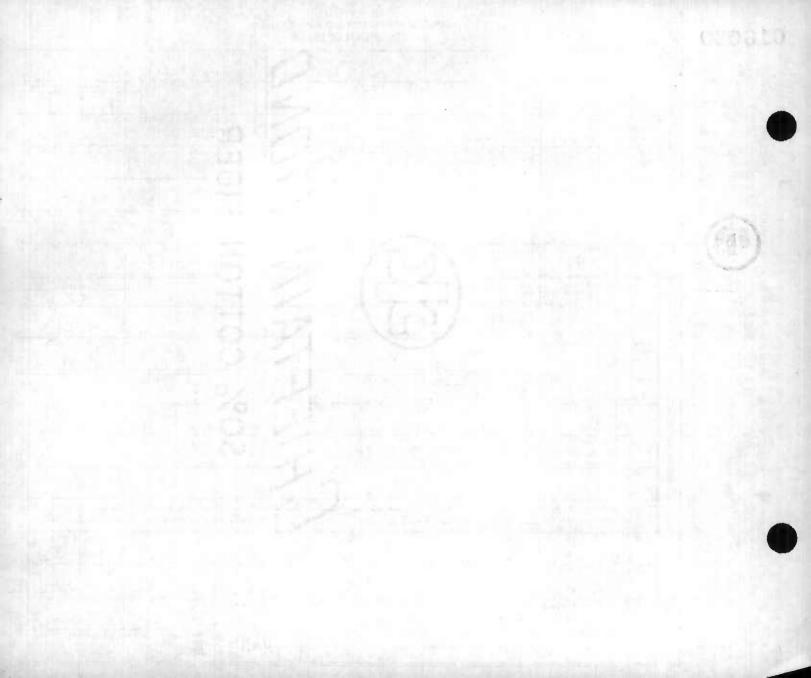
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LANTING SHIP HILL	

STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH

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REG. NO.

	. (TYP)	Nathan	1 4 1		Bl	umert	t		14, 19			33	
	3 SE	Male	4. RACE Wh	ite	5 DATE OF	BIRTH 21	δî	AGE (IN YEA	84	MONTHS (RS	DAYS	HOURS A	
29	76 BIRTHPLACE (STATE OR FOREIGN 76 NEW YORK		76 CITIZEN OF	what country:	MARRIED	* MARRIED XXNEVER MARRIED 9 WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
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22	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DIGITAL EXAMINITY MEDICAL EXAMINITY OCCURRED	DUE TO, CO. (c) CONDITIONS CO. 196 CONE HOUR AIH P 216 PLACE	ONTRIBUTING TO	DEATH BUT N H OPERATION DAY YEAR 19	WAS PERFC	DRMED NJURY OCCURI	200 AUTOP YES	SY? 200 NO.	IF YES, WERE ERTIFYING (YES]	FINDIN	GS USED OF DEATH?	
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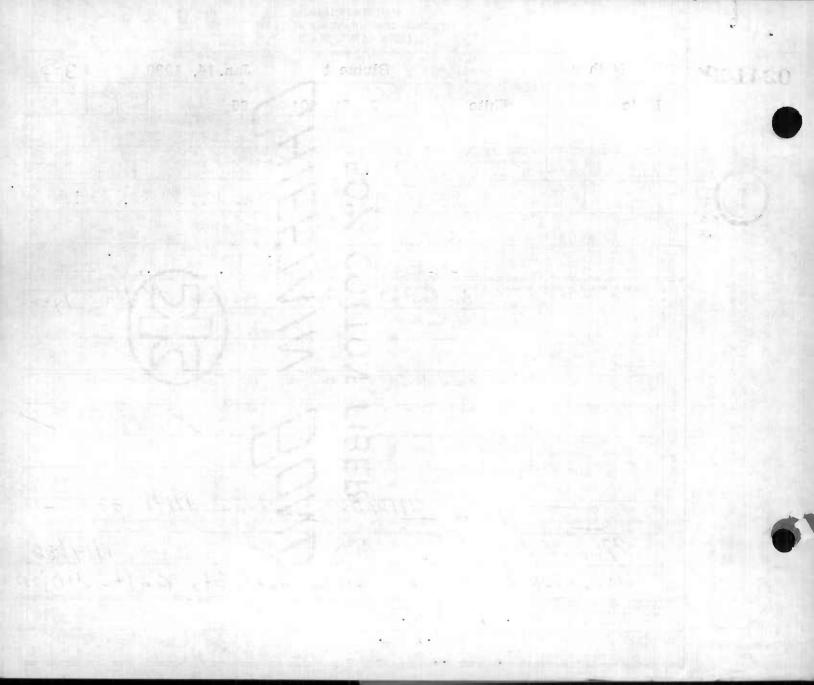
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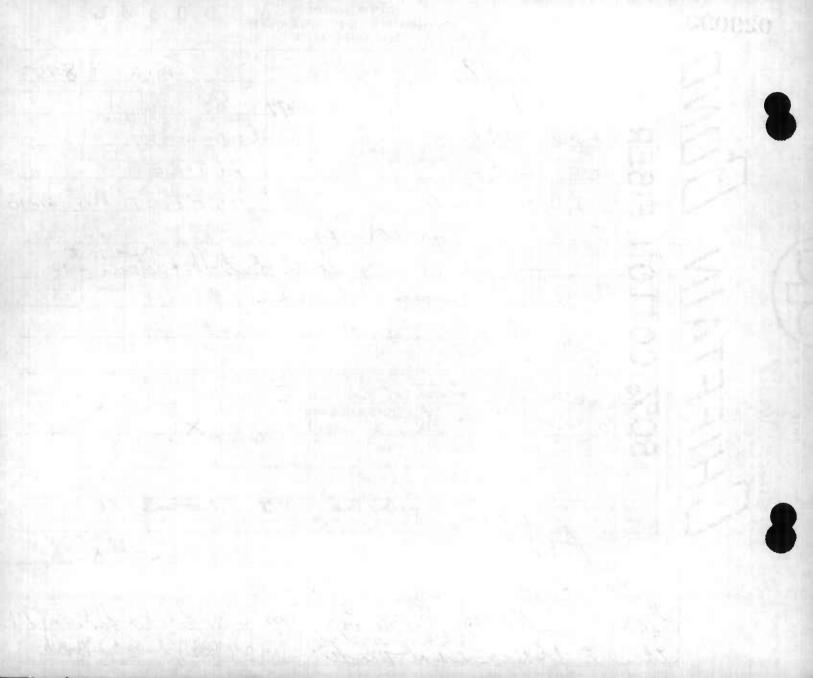
SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

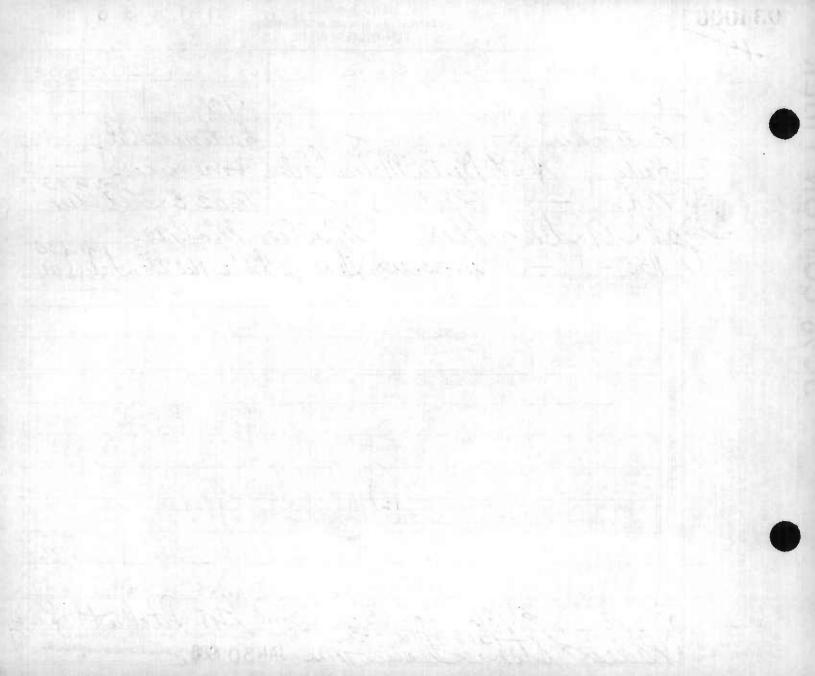
6010 REISTERSTOWN RD. BALTO. MD 21215



STATE OF MARYLAND 8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 029092 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH 25 HOUR LIVPE OR PRINTI harles 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 180 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TIRE WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY 13d INSIDE CITY HAITS? 13e STREET ADDRESS / ZIP CODE moz 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for to , (b), and PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUEDICE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 201 IF YES, WERE FINDINGS USED -200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENGLATER OF MURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTHY WIDIC ALFRAMINEN. PAK 714 INJURY OCCURRED THE PLACE OF INJURY COVERTY CITY OR TOWN 373/98 AT HOME, STREET, FACTORS, OFFICE, FARM, ETC.) 22x I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the cituses stated 776 SIGNATURE DEGREE THE DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TIR ADDRESS DHMH - 16 60M 7/84 (VRA 15, 4)



034006	1-	FOR STATE REGISTRAR		DEF	ARTMENT OF	TE OF MARYLAND PRICATE OF DEATH	L HYGTENE	0 0	6 3	6	
1)		THE REPORT OF	Will I	Miles I		LAST	20 D	ATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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and				W	01	17 99	9 6	8/2.	YRS		
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1 190	100	PALLO.	10	TAME OF HOSUITAL, N		OR OTHER INSTRUTION		SUAL OCCUPATION OF WORK FOR MOST O		2b. K D OF	BUSINESS OR
1 100	1	NESIDENCE IN MUSICAL	of of one	The Control of the Co	BEFORE ADMISSION	13d INSIDE CITY LIMI		REET ADDRESS	BIP CODIC	7/	330
	H. FA	THE ON	hill	alli	9	15. MOTHER'S MAIDE		Mal	no.	LAST	<u></u>
77	1	AS DECEASED IVER IN	U.S. ARMED F	212 -	SECURITY NO.	17 INFORMANT	o Bak	No. 1/al	126	43	0111
certificate in physicial rban papers in removal.		PART I. DEATH WAS	CAUSEĎ BY. MEDIATE CAL	JSE (0)	irdiac	arrest				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
the death the ottenc remove co remotion, to		Conditions, if ony, w gove rise to immed couse (a), stating	hich liote the	b)S	epsis						
uires that signed by ien please a burial, cr	7	PART 2 OTHER SIGNIF		(c)ITIONS CONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE	E TERMINAL D	ISE ASE OR CON	DITION GIVEN I	N PART IIO	
in hos been : permit. Th ows ony inj	CERTIFICATION	190 DATE OF OPERATIO	N	96 CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED		AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	ERE FINDING G CAUSES O	GS USED DF DEATH?
CIAN:		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR				TY IN ITEM 18 PART I	OR PART 2)	
G PHYSI ottending ter this ce s the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21	Te PLACE OF INJURY AT HOME STREET FACTORY, C		211. LOCATION STREET	ā Viens	CITY OF TO	WN	COUNTY	STATE
TTENDIN pitol or TOR: Afr for use o of Health		22a I certify that (I) (th	is hospital) of	thended the deceased to the body after death.	19 86	ond that in (my) (our) op	85, to	occurred on the do		6 from the c	ho (1) (we) lost ouses stated
At OR A the hose At DIREC deteched of Dept.		17h SIGNATURE YSer	nila	C. Tayle	v n	DEGREE ATTENDI	ING MED	OICAL STAF	F	1/2	and the same of th
D HOSPIT Tolered by O FUNER THE SE APORTAN	1	Berni	ta C.	Taylor 1	MD	611 S	. Ch	arcles o	St. Bal	timo	re ma
BP	11 y	grial CREMATION, RE	MOVAL INCOM	11/86	Hale (CASS CE	10HY 23H	2400	Etch	ie 19	Eskivay
DHMH - 16 60M 7/84 (VRA 15, 4)	0	allest	X.Si	every	unia	The "	JAN 3	0 1986	TEN HEGISTRAN		



BP DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

1/30/86

230 BURIAL, CREMATION, REMOVAL

Removal

(SPECIEY)

24 FUNERAL DIRECTOR

ADDRESS Balto., Md.

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

23d LOCATION

26 HOUR

9:18A

LAST

IF UNDER 24 HR

86

STATE

1 - 6 - 86

Baltimore, Maryland

2h HOUR

HUURS

STATE

CITY OF TOWN

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

Removal

Anatomy Board

24 FUNERAL DIRECTOR

injury, or other troumotic event, the medico

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

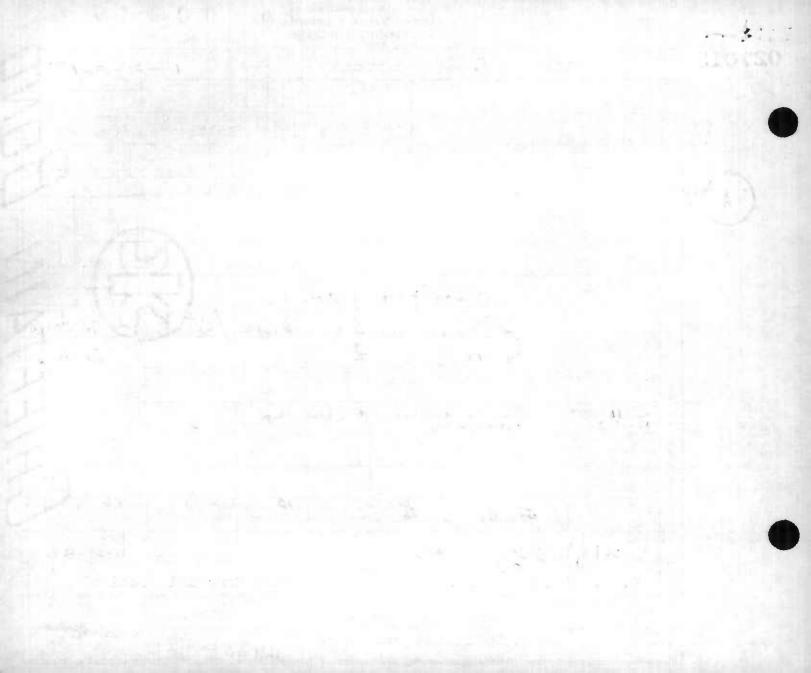
FOR STATE CEDTIFIC ATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE STATE OF MARYLAND

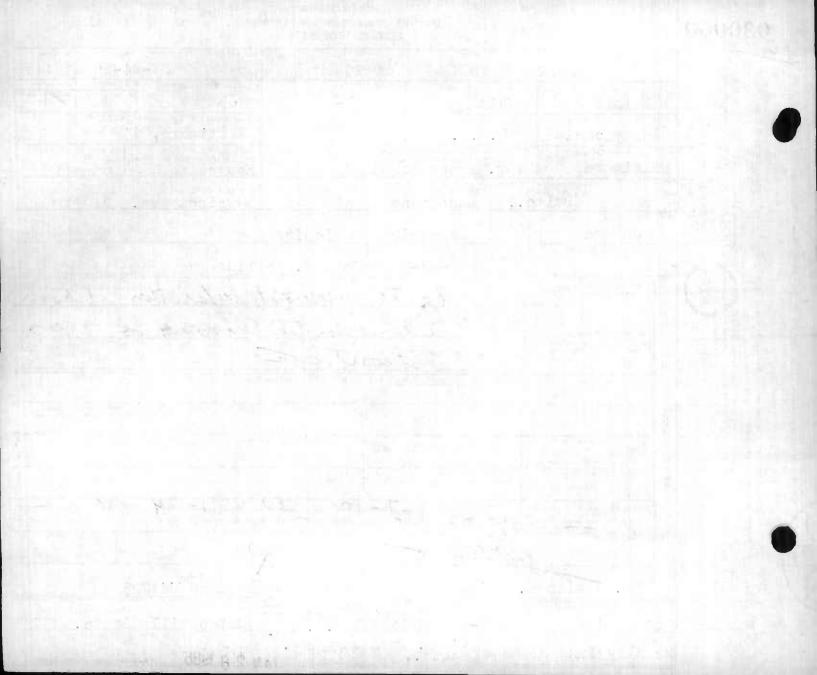
	REGISTRAR		CENTII	CATE OF DEATH	REG. NO	
	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(1.0.5	Willi Willi	f.	Borg	mann	1 -	-21-86/40 AM
3. SE)	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	10	0-9-1914 YEAR	71 _{YF}	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
	ilto., MD	USA	WIDOWE		Baltimore	e City,
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Baltimore	Uniton Me	morial F	Hospital	Retired	Heller Mattress
130. S	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODF
2	MD	Balto	o., City	YES X NO	4012 Woodlea A	lve., Balto. 2120
14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	LAST
	August	Borg	gmann	N	Mary	Hoehn
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
Yes	ww I	I Army 216-	05-4006	Eleanor M. Ha	ayden, 4012 Woo	odlea Ave. 21206
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to	, (b), and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (0) Cardio	respirate	ory arrest	The state of the s	,
		DUE TO, OR AS A CO	NSEOURNEE OF	1 1	/ rains	en 119 day
	Conditions, if any, which gove rise to immediate	(70) Core	bellar	nemorrha,	ge / hemorrh	age 4+ cays
	couse (0), stoting the	DUE TO, OR AS A CO	NSEQUENCE OF	30	/	21 1
		() phe	umonea	7		ol Cayo
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 100
ATIO	190 DATE OF OPERATION	10h CONDITION FOR	WHICH OPERATIO	N WAS PERSORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED
CERTIFICATION	190 DATE OF OPERATION			Was performed stem homorrhay	YES TO NOT	PRTIFYING CAUSES OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY	uy	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	
	OR CONTRIBUTING CAUSE OF DE					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 Y	21f LOCATION		
N.	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR	Y OFFICE FARM ETC)	STREET	CITY OF TOWN	COUNTY STATE
	22a certify that (I) (this hosp	pital attended the decease	d from Dec 1	0 10 15	10 Jan 21	19.86 , that (I) (we) lost
	sow the deceased alive or	Jan 21	19 86 or		death occurred on the date and	hour and from the causes stated
	12) SIGNATURE	of the body after deat	The State of	DEGREE		22c DATE SIGNED
-	1) Webst	060-	MID	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-21-86
-41	224 PHYSICIAN'S NAME (TYTE	OFFINE		22e ADDRESS	J DIKECTOK THISICIAN E	
	D. K. Hinc	kley, M.D.		Unic	on Memorial	Hospital
	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
Bui	rial	1-23-86	Oak Law	n Cemetery	Baito.	COUNTY
24 EU	ohnamC. Miller,	Inc. 6415 B	elair Rd.	21206 250 DATE	E REC'D. BY REGISTRAR 256 REG	SISTBAR SISTONATURE IS
30	OHIMO. HILLEL,	IIIC., 0413 H	THE STATE OF THE S		N 23 1980	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

030053	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO	0.	
y be dearth of the second of t	1. DE	CEASED NAME RIST	nard N	G)O C M	2a DATE OF DEATH	MONTH DAY YEAR 1 23 86	26 HOUR 6-25PM
age 4 ma rectar po urs after c	3 SE	Male	1 RACE TICH	e S	OF BIRTH DAY YEAR S6	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEA MONTHS DAYS	
uneral di hin 72 hai	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O	WIDOW	ED DIVORCED	Balt	more CI	ty MD
by the f	70 0	or town of DEATH	UF NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	or other institution and Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE) 12b. KIND INDUSTR E C	of BUSINESS OR
24 hor	0	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT		TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	130 STREET ADDRESS /	ZIP CODE ROS	2000
complete	7	PRST	MIDDLE 6	SOSN OCIAL SECURITY NO.	FIRST LUCINE	MIDDLE	5 Ed	AST .
be exected and and s. Pages			ve war or dates) 28	8-32-6938	Judith Bor		rosby Road	i
physicia n papers maval.		18 CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for ED BY: TE CAUSE (o)	cute Noa	yndregte Le	ukenia		NONSET AND DEATH
that the death of d by the control of the control o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	CONSEQUENCE OF				
requires een signe it. Then foll iar ta burr	MOITI	PART 2. OTHER SIGNIFICANT (Act Re 199. DATE OF OPERATION	sal failer	OR WHICH OPERATION	teratitis			
The law cian. In the law bit is the permission of the permission o	CERTIFICATION					200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED ES OF DEATH? NO
rSICIAN: ing physical certifical outal-tran Aental Hy Item 18:	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	R) P.M.	ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM TE PART 1 OR PART 2)	
after this as the b	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ORY OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
ATTENDI spital ar CTOR: A far use af Heali		22a 1 certify that (this hasping saw the deceased alive an above, (1) (we) (e)d) (did no) gnwart	19 0000	nd that in (ny) (our) opinion	death occurred on the do	ote and hour and from th	, that (Ne) last te couses stated
ITAL ON Y yy the har yy the har RAL DIREC detached tote Dept.		22h SIGNAMINI	R. Delu	Lear 10	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F //	23/86
TO HOSPITA TO FUNERA should be de with the Stot		220. PHYSICIAN'S NAME (TYPE OF	R De	Lorca, MID.	22e ADDRESS So	wh bree	ne St-	
BP	23a E	urial, cremation, removal SPECIC Temation	1-24-86		ty Process	23d LOCATION CITY OR TOWN Catonsv	ille, Bal	to. MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	reral director Cremation Soc	ciety of N	ADDRESS Maryland	21228 IAN		25b. REGISTBAR'S SIGNA	TURE MONTH

Treation (Fig. Sidney N Born 1386 6450 Male White 2 22 86 Ag CHIO USA 3 His som the B Dalant Wing at May lot thegild Teacher Maryland Buffer Catemarity x ADA Coopy Road -Percy D Born Lucille __ Edire_ 1866 - 32 6136 Acate imperior dentioned . 3 months Hosto Bend failures Heggebris * January 38 82 January 2 Kundel Kille winds Russell a Delica Mis 22 South Greature St. Shapele with our Branch Carl Branch Carlo

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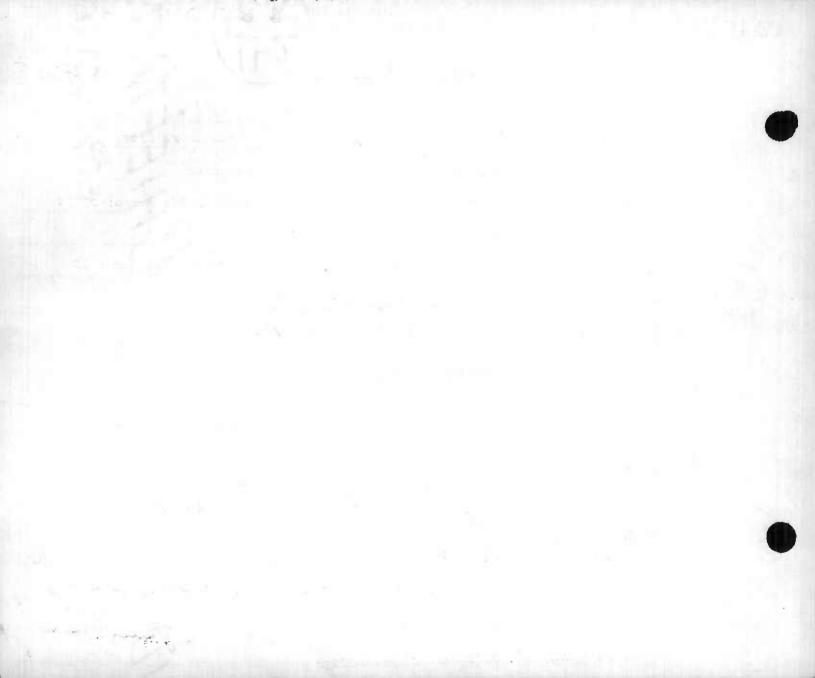
IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGIOTATA					KEG. NO.				
	ECEASED NAME FIRST	MIDI	DIE	LAST	1.36	20. DATE OF DEATH MONTH	DAY Y	YEAR 2	b HOUR	1
(TYF	PE OR PRINT)	. 11	elen	Rivers	,	1	8	86 6	7'11	A
1.00	///A	- / -		OD WER SO	x	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24	M
3. SE		4. RACE	3. 1	DATE OF BIRTH	YEAR					MIN.
	FEMALE	Whi	te	9 16	92	93 Y	RS.			
30. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?			9 BALTIMORE CITY OR COL	UNTY OF DEA	TH		
	COUNTRY) MS	USA		AARRIED NEVER		Baltimore	Citu			
10.0	CITY OR TOWN OF DEATH		SPITAL, NURSING H		STITUTION	12s USUAL OCCUPATION		(INID OF	BUSINESS	MD.
10	CITI OK TOWIT OF DEATH	(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRE	ESS)	3111011011	(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDL	JSTRY	000114500	3 OK
2	Baltimore		Nursing			Homemaker				
	JAL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADM		CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE			
	ryland		altimore	YES X	NO [4304 Arabia		212	14	
	ATHER'S NAME	12	4 2 42.11.02 0		R'S MAIDEN NA					
8	FIRST	MIDDLE	LAST		FIRST	MIDDLE	. 7	LAST		
G.	Edmund	Awalt			Helen		ler			
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) IF YES.	ARMED FORCES? 16 GIVE WAR OR DATES	SOCIAL SECURITY			ADDRESS				
	No		213-05-750	4 A Mrs.	Ceceli	a B. Niner sa	ume as	# 13	1	
	18 CAUSE OF DEATH (Enter	and and source per lin	o for rati the Condine				inc.	APPROXIM	ATE INTERVA	AL
	PART I. DEATH WAS CAL	ISED BY:	1	0,00	O H		96	IWEENON	SET AND DE	AIR
	IMMED	IATE CAUSE (a)	10	Carl-	1				_	_
		DUE TO, OR A	S A CONSEQUENCE	E,OF .	10					
	Conditions, if any, which	(16)	1K	rual >	Lacell	1.				
	gave rise to immediate)	V	()						
	cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUENCE	EOF						
		(c)								
1 -	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO DEAT	TH BUT NOT RELATE	D TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN P	ART Ira		
CERTIFICATION										
78	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPE	RATION WAS PERF	ORMED		IF YES, WERE			0
Ĕ						YESTT NOT	ERTIFYING CA	AUSES O	NO T	1
- 3	210. ACCIDENT WAS UNDERLYING	216. TIME OF II	NJURY	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		ART 2)	- 🗇	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY	YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19						
9	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FARM	21f. LOCAT		CITY OR TOWN	COU	NIY	STA	16
2	AT WORK NOT WHILE	(Ar Home, State)	THE TONT, OFFICE TARREST	1 / / 0	-	101				
	220.1 certify that (I) (this he	spital) at raded the d	laceoued from 1.7	4/1	10	10/18/87	10	. th	ot (I) (we	e) last
	saw the deceased alive	7 / 1 / 1 / 1 / 1	2 10	and that in (m	v) (orli) apinian	death accurred on the date on	d bour and fre			. /
	abave, (1) (we) (did) (did	not view the body all	er death.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	acam accorded an me date an				:0
	The shows with the	Mit	- n A	DEGREE	ATTENDATE	MEDICAL STAFF	220.	DATE SI	GNED	>
	XXXXXXIII	White	7 90 0		PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	J //	1	10	6
	230 THYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDR	ESS		1	/	7	
	YON AND	We MI	NTZFOR	_300	OGEV.	Elacing Ed	ATT	BA	777	
23a	BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAM	E OF CEMETERY OF	CREMATORY	23d LOCATION	. 1	111	2-12	-74
	Burial	7/77/0	6 C+	John! - C		Wes thinste	Mary	und	STAT	IN)
24 5	FUNERAL DIRECTOR	1/11/80	5 St.	John's C	emetery		<u> Maru</u>	Land	Philap	
	NAME		ADDRESS		130 03	AM J D. Jago W.		~n~ATO	Pr.	
$L\epsilon$	eonard J. Ruck,	Inc. 5305	Harford	Road 2121					7/7	
				4441	9					

DHMH - 16 50M 4/83 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

THE WORLD TO SHOW THE STATE OF THE PARTY OF Charles to the Control of the Contro

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH

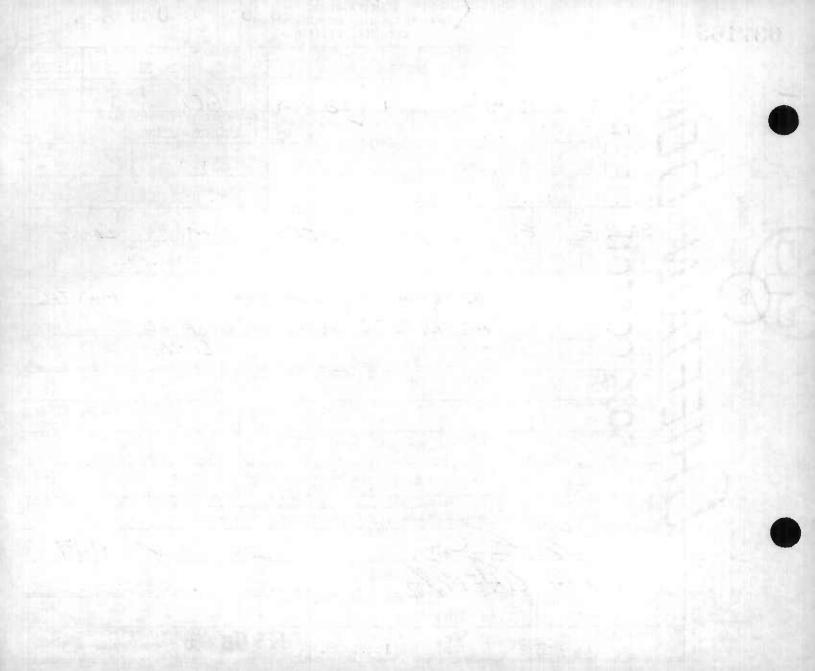
	1-	FOR STATE REGISTRAR			DEF		EALTH AND A		IENEO	REG	. NO.	U	8	4	4	
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	3 SE			RACE /)	TI		ATE C	DE BIRTH	YEAR 1925	6 AGE	(IN YEARS LAS	T SIRTHD	YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
6		IRTHPLACE (STATE OR FO	OREIGN 7b		WHAT COU	MA	-	NEVER M	ARRIED -		MORE CIT	-		Y OF D	EATH	
-		Maryland ITY OR TOWN OF DEA	TH 11	U.S.			OME C	D DIV	ORCED		IALOCCUE			126	KINDO	MD. F BUSINESS OR
3		Balto.		VAMC,	Baltir Baltir	nore M	lary	land 2		TYPE OF	work for MC	ST OF W		FE) IN	DUSTRY	003111233 OK
5			136. COUNTY Balto	/	13c. CITY OF Timon	RTOWN	SION)	13d INSIDE CI	TY LIMITS?	13e.STRE	ET ADDRE	ss/z Mair	n Bo	e ule	vard	21093
30	160, V	ATHER'S NAME FIRST GEORGE WAS DECEASED EVER I YES NO OR UNKNOWN)	LIFYES GIVE W	D FORCES?		L SECURITY N		15 MOTHER'S	TTIE			DRESS				Joz an Ave.
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4	187	gave rise to imm cause (0), stating underlying cause	ediote g the	DUE TO, OI		SEOUENCE	OF	Con NL	70,000			in			K!	
	NOI	PART 2 OTHER SIGN	IIFICANT COI	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM						MINAL DISEASE OR CONDITION GIVEN IN PART 110						
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					RMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO						OF DEATH?
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19				21c. HOW INJURY OCCURRED (ENTER			R NATURE OF	INJURY IF	N ITEM 18 F	PART 1 OF	R PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e PLACE (DEFICE, FARM, ET	rc)	211 LOCATIO STREET	N		CITYO	RTOWN		cc	YIMUC	STATE
		saw the decease abave, the (we) (d	d alive an	1/31/	deceased t		, an	d that in XXX	., 19 <u>86</u> aur) apinian d	, ta	1/31 urred on th	e date	and hau			hat 🗶 (we) last auses stated
		274 SIGNATURY	1/2	1	Sa	8.	(P	ITENDING HYSICIAN	MEDIC DIRECT	AL S OR PHY	TAFF SICIAL	N	27	2. DATE S	186
		Hich	160	CH	EUR	16			LOCH R	190		. B2	ALTI	MOR	E MD.	21218
	1	BURIAL, CREMATION, F (SPECIFY) Remova		2/2/86	5	73c MAME	OF CI	EMETERY OR C	REMATORY		OCATION CITY OR TOWN	4		COUN	NIY	STATE
	24 FU	UNERAL DIRECTOR NAME Anato	omy Bo	ard	ADD	DRESS Ba	alt	o., Md.	250	建设	5.2	AR 250	graph graph	RARIS; DOLL	SIGNATU	gondust.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to l

TO FUNERAL DIRECTOR, After

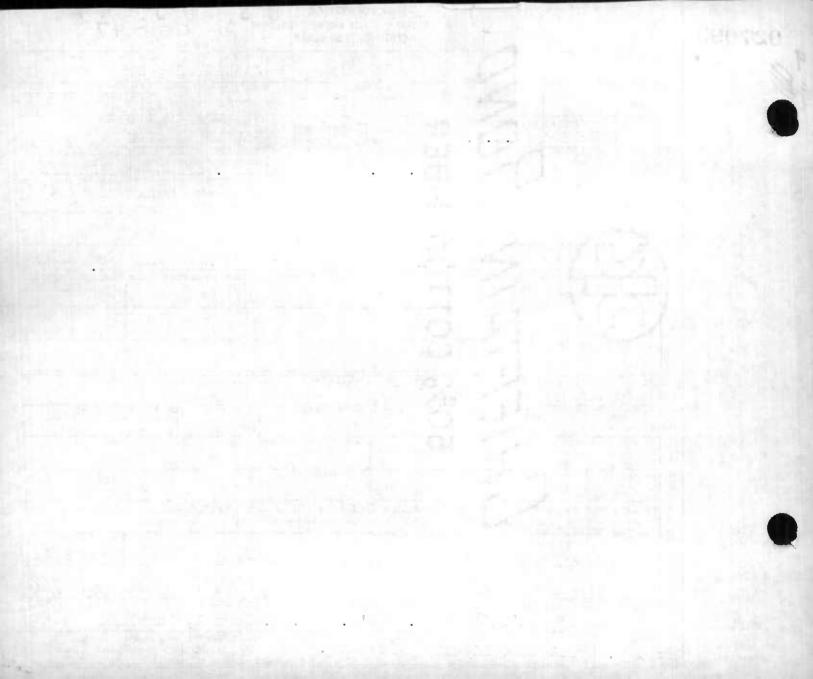


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0;	20040		STATE REGISTRAR				EXAMIN					REG. N	0		
	V	I. DE	CEASED NAME	FIRST		WIDDLE			LAST		Zo. DATI	KNOWN (HTMOM [DAY YEAR	2b. HOUR
	Sass State	(TYF	PE OR PRINT)		CORRIN	F ET	EY	BO	DYD		UF.	H MATED	1 11	86,	
	TREE CHEAT	3. SEX	K 4_F	RACE	5. DATE OF BIRTH		6 AGE (INYE	ARS IF UN	DER 1 YR.	FUNDER 2		TE		DAY YEAR	2d HOUR
	N S H S	F	7	В	8 3	31	LAST BIRTHO	Morris	S DAYS	HOURS	MIN PRONO		1-11-	86,	3:32
	SSA	7a B	IRTHPLACE (STATE		76 CITIZEN OF WI			9	ED NEVE	ED AA ADDIEG	9. BALT	IMORE CITY	OR COUNTY		1
	SAN DE SA	10	VA.		U.S.A			WIDOW		DIVORCE	= D-1.	timore	City		MD
	SE S	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUTI	ON	FOR MOST OF W		PE OF WORK 126	KIND OF BU	
	IY DELAY IS NECESSARY, PLEASE D 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. AIN PAGE 5 FOR YOUR FILES. ORDSEND! W. PRESTON STREET,		Baltimo		204 N.			•	200		N,	/A		OK #10031	
201	TAIN I	13a. S	TATE	13b COUN	OR OTHER INSTITUTION, GI	13c. CITY	ORTOWN		13d. INSIDE CITY	LIMITS?	3e. STREET ADD	RESS			
21201	AND RETA		MARYLAND			BALI	IMORE		YES X	NO [204 N. 1	OUGLAS	S CT. 2	1231	
MD	1 /20 D		OTIS		MIDDLE		LAST		15. MOTHER FIRS	ST	NAME	MIDDLE		LAST	-520
ORE	16 × 10 1						EY		ELV 17 INFORMA				EL	EY	
BALTIMORE	E 5550	16g V	WAS DECEASED ET TES NO. OR UNKNOWN! NO	(IF YES, GIVE	WAR OR DATES)		TAL SECURITY	r NO.			75 150/	ADDRES			
3	ASPERS A	-					NOWN		DENT	CE BO	YD 1524	W.FAYE	STIE ST	REET A	PT.B
15	A NAME OF THE PARTY OF THE PART		PART I DEATI	H WAS CAUSE	ly ane cause per line DBY: TE CAUSE (a) Art	for (a), (b)	ond (c).).	ic c	ardiov	ascul	ar dise	ase	- 17	BETWEEN ONS	T AND DEATH
TON	SEGERAL SAN	-		IMMEDIA			ISEQUENCE (4,4,04	43041	4, 4,50				3 350
RES	BENEFIT STATES			if any, which									M D		
*	MIN WIN		cause (a) sta	ta immediate	DUE TO, OR	AS A CON	ISEQUENCE (OF.						1	
20	ON A PART OF		lying cause I	ast.	(c)										
RDS	SAL	2	PART 2 DTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION (GIVEN IN PART	1 (a).		11-11-11		
00	PENDIN F MEDIC F AS A I HEALTH, L CREM	CERTIFICATION										0.18			
AL B	HOULD WEB THE	HCA.	190 DATE OF OP	ERATION	196 CONDI	ION FOR	WHICH OPER	ATION W	AS PERFORM	ED?				20 AUTOPSY	?
2	SOURE B	18	21a EXTERNAL C	AUSEWAS	21b. TIME OF	INITIDY		121, H/	NA/ INTITION C	CCUBBED	(ENTER NATURE OF			YES .	NO [X
Ö	HE WO		UNDERLYING	OR	HOUR A.M	. MONTH	DAY YEAR	210.110	JAA IIAJOKI C	CCURRED	(ENTER NATURE OF	INJURY IN HEM 18	PART LOR PART 2)		
DIVISION	TING TO SHOK DEPART	MEDICAL	CONTRIBUTING 21d. INJURY OCC		21e PLACE ((AT HOME.	21f LO	CATION						
N	S CHEST	A.	WHILE AT WORK	OT WHILE	STREET FACT	ORY, FARM, E		S	TREET		CITY OR	NWOT	COUNTY	1	STATE
	RWAR RWA STA STA				4.4	31 1 1				Inspection	Ι ΣΤ .				
-	AND STATES		death resulted f		e at the remains des			Autop	-	1	•		nd in my apinio	an	
	SET		deam resulted i	140101	or cooses AA	Accident	Λ.	cide	Hamicia TITLE (SPE		Undetermined	manner [].			
•	MEDICAL EX CUTE THE CE F.E. 4 SHOULD FUNERAL DI ER DEATH, V		ACTUAL SIGNATURE	Vou	lant VI	ella	ell	M			_MEDICAL EXA	MINER	DATE 1 -	-12-86	
	NA STATE	4											SIONED		
	TO MEDICAL DECUTE THE PACE 4 3HO TO FUNERAL AFTER DRATH BATTIMORE, I		(TYPE OR PRINT)	Me Ma	argarita /	A. Ko	rell.M	.D.	ADDRESS	111 P	enn Str	eet			
	524 544 —	23a. B	URIAL, CREMATIO				A D DITTO		RCREMATOR	RY	23d. LOCATION		COUNTY	344 2022	AVID
07/84 25M	BP		BURIAL		1-17-86		ARBUTU	5	Tor		ÄKBUTU		MARYLAND		
23/41	DHMH - 17		NAME		INC. 1101	E NO	DMII ATT	ENTER	25	a. DATE RE	C'D. BY REGISTI	RAR 756 REG	ISTRAR'S SIGN	NATURE	
	(VR A15 ME (5))		WM.C.MARC	CH F/H	INC. 1101	E.NO	KIH AV.	ENUE		JAN 1	6 1986	124	WIRSON-V	inview	

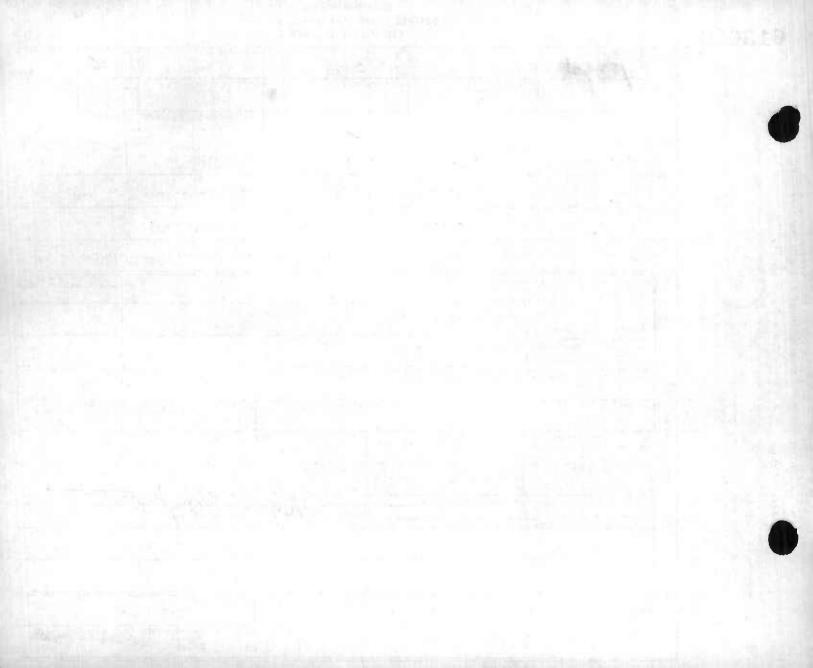
			FOR			DEPART	STA MENT OF		ARYLAN	ND BH	DENE	0	0	8	4	6	
	20400	1-	STATE REGISTRAR		ME		EXAMIN		ERTIFIC	CATEO	F DEA	TH	050 N				
U	38109		CEASED NAME	FIRST	*****	MIDDLE	-77771111		LAST	CAILO	2	o DATE	REG. N		H DAY	YEAR	25 HOUR
	82425	(TYF	PE OR PRINT)	GERO	0	С.		D	OYD			OF DEATH	MATED [1	31	1986	
	ACESE	1. SE	K [4	RACE	S. DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		c. DATE		MONTH		YEAR	2d HOUR
	ON ST	Ma	10	31ack	MONTH DAY	64	21 Y	RS. MONT	HS DAYS	HOURS	MIN P	RONOUN	ICED	1	31	1986	10:56
-	SSTATE OF THE SECOND	Zn B	IRTHPLACE (STA		76. CITIZEN OF W		for all	2	ED NE	VER MARRII	ED VV 9	BALTIM	ORE CITY	OR COU			
	以近日を	1		Md.	USA			WIDOW	_	DIVORCE		Balt:	imore	City	y		MD.
1	AY IS THE A FILED	10 C	ITY OR TOWN C	FDEATH	11. NAME OF HO			, OR OTH	ER INSTITU	TION		AL OCCUP	PATION (TY	PE OF WOR		IND OF BU	
1	30 a Mis		Baltim	ore	Univer			al			Un	emp lo	yed				
5	SON SON		AL RESIDENCE (IN NURSING HOME	OR OTHER INSTITUTION, C		OR TOWN	ON)	1138 INSIDE C	ITY LIMITS?	13e STREI	ET ADDRE	SS				
913	金融を設め		Md.			Bal	to.		YES X	NO 🗆		05 N	ss Gilmo	ore S	stree	et 2	1217
8	世典教育	14. F	ATHER'S NAME		MIDDLE		LAST		F	ER'S MAIDE	NNAME	M	IDDLE			LAST	
N.	30840		Unkn.							^ine				Bo	oyd		
BALTIMORE	E S S S S	160. \ {Y	WAS DECEASED	EVER IN U.S. AI	RMED FORCES?		CIAL SECURIT		17. INFORA				ADDRES				
NA NA	JRS AF WITH WITH DIVISI	-	No				90-279	9	Rev.	. Will	1e P	age	2923	Wood			
ST.			PART I DEA	THI WAS CALISI	nly ane couse per lin			a - c	-1	(la = == :						WEEN ONSE	
ON	24 HO ITEM I IONG PERM GIENE		-	IMMEDIA	ATE CAUSE (a) G		SEQUENCE		cnest	nand	agun)			-			
PRESTON ST.,	TED WITHIN 24 HOI NENCIL IN ITEM 1 NENCIL IN ITEM 1 AL - TRANSIT PERMI MENTAL HYGIENE, N, OR REMOVAL.			, if any, which	h		OLG OLIVEL										
×.	ENTA OR R	13		ta immediat tating the under		RASACON	ISEQUENCE	OF									
201	UTED WITHI IN PENCIL EXAMINER 214L - TRANS O MENTAL PON, OR REA		lying cous	e last.	(c)_												
DIVISION OF VITAL RECORDS, 201	"PENDING" IN PI "PENDING" IN PI EF MEDICAL EXA ED AS A BURIAL- HEALTH AND ME AL, CREMATION,		PART 2 OTHER SIG	HEICANT CONDITION		RUT NOT RELA	TEO TO THE TERM	IINAL OISEAS	OR CONDITIO	N GIVEN IN PAR	tī 1 ia .						-
0	BE E NDIE	ON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.g.,														
2	E SHOULD WORD "PE FE CHIEF A BE USED A INT OF HEA	CERTIFICATION	190. DATE OF	PERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?			1		20	AUTOPSY?	
VIIV	SHOULD CHIEF HALL SE USET HALL	I E					-									YES 🖹	NO 🗌
0	X-FERST	100	210 EXTERNAL	CAUSE WAS	21h TIME O	MONTH	DAY YEAR	21c. Ho	OW INJURY	OCCURRE	D (ENTERN)	ATURE OF INJ	URY IN ITEM 18	PART I OR	PART 2)		
NO.	EP55880	MEDICAL		G CAUSE OF	110020	A. 1-3		6 Su	bject	shot			17.5				
N N	ARITINA ARDED AR	MEG	WHILE -	NOT WHILE	STREET, FAC	TORY, FARM, E	TC)	5	TREET			CITY OR TOV			COUNTY		STATE
	TASAGE		AT WORK	AT WORK	ho	use		1110		Gilmo:	r St.	,Bal	to. C	ity			<u>MD</u>
	SE S		220. I certify	that I took char	rge of the remains de	scribed obo	ve, held on	Autop		Inspection	Ц.	Inquiry	LJ, _°	nd in my	opinian		
	STIFE BE STAND		death resulted	d fram: Nati	urol causes	Accident	L.J., Su	icide 🔲		cide X.	Undeter	rmined ma	nner				
	WAW WAY		ACTUAL	Ann	(20	5				PECIFY)	+			DAT		-1-86	
	SE S		SIGNATURE_	1	1			M	.D. <u>ASS</u>	istan	L_MEDIC	CAL EXAM	INER	SIGI	VED_4	-T-00	,
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STINGORE, MARYLAND, 2	1	EXAMINER'S N	Ann Ann	M. Dixon,	M.D.	195		ADDRESS_	111	Penn	St.,	Balt	0.,	MD	21201	
	DAY DE B	23a. B	URIAL, CREMAT	ON, REMOVAL	23b DATE	23c. 1	NAME OF CE	METERY O		ORY	23d. LOC	ATION		C	DUNTY		ATE
07/84	BP		Burial		2/7/86	K	ing Me	m. Pa	ark		Ba	1 timo	ore Co) N	1d.		
25M	DHMH - 17		UNERAL DIRECT		ADDRES					250. DATE R	O 5	1986	R 25b REG	ISTRAR	SIGNA	orloan	
	(VR A15 ME (5))		Wm C Mai	ch F/H			bash A	venue	e	FEB	00	1200	1				

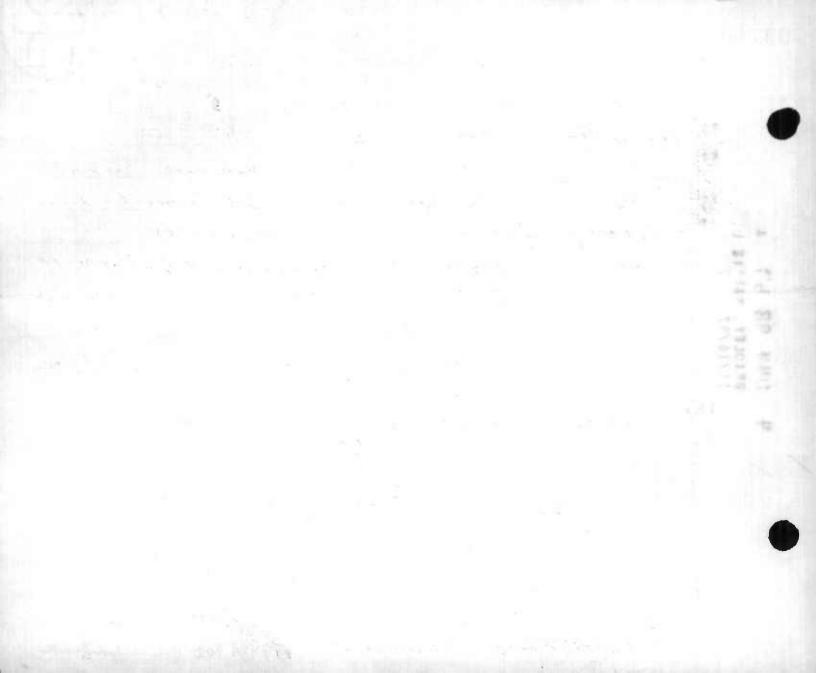
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		S .	o u	000
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151		5 Pl	the street	pud
6		Na	Afte	1
		ON O	N N	Heo
		SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be a by the hospital or attending physician.	NERAL DIRECTOR. After this certificate has been signed by the attributer priviler and completely filled in by the funeral director, page 3 has described for use as the burial-transit permit. Then please remove	e State Dept. of Health and Mental Hygiene prior to burial, cremation
		A Ho	IRE	ept
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		by by	ERA	Stol
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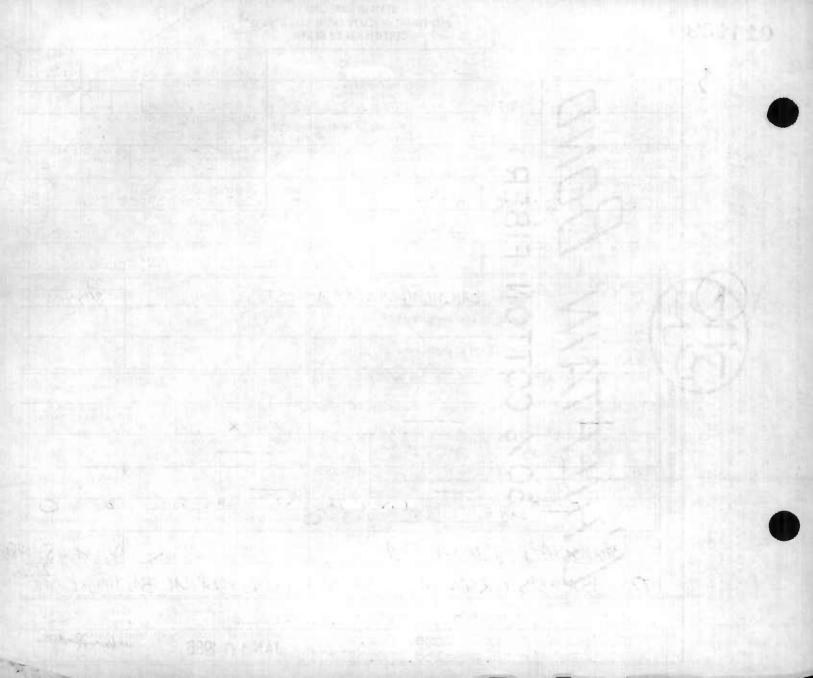
0014005	1.	FOR STATE	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	IYGIENE 86 00 8	47
027095		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2 deoil		CEASED NAME OR PRINT) JOSEPH	WIDDLE	BOYD	JANUARY 22, 19	986 26 HOUR
s offer d	3 SE	MALE	4 RACE BLACK	JULY 4 1908	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS
teral direction of the state of		RTHPLACE (STATE OR FOREIGN ORTH CAROLINA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED !	9 BALTIMORE CITY OR COUNTY C	
y the fur led within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET IN SUCH FACILITY GIVE STREET IN THE PROPERTY OF THE PROPERTY	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) BETH. STEEL	126 KIND OF BUSINESS OR INDUSTRY STEEL SIDE
24 hours	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		V CIRCLE
mplerely and 2 sha		THER'S NAME ROGIE	MIDDLE BOYD LAST	IS MOTHER'S MAIDEN	BELLE MIDDLE BOY	ZD LAST
and colleges 1	16a V	VAS DECEASED EVER IN U.S. AR			d 7220 Oak Haver	ct. 21207
physical property pre-		PART I. DEATH WAS CAUSE	ly ane couse per line for (o), 1b), and D BY.	in Registatory	Jailer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer athriding over aith		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF ASCV		
that the d by the lease rem tol, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
requires en signe Then pl or to burs injury, a	NOI	PART 2 OTHER SIGNIFICANT OF	- Chryc	VEATH BUT NOT RELATED TO THE TE	erminal disease or condition given	N IN PART Tra
The low non. the specific permit is permit in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: Top physici of physici of certificate rial-transition and Hygin them 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH DA	Y YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	TIORPART?)
affending of the strength of the bus of the bus strength of the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	TIE PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	ARM ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDITOR I AND THE	13		tal) attended the deceased fram 15.00 - 2/ 19 5 1 view the bady after death.	, and that in (my) (our) opini	on deoth accorred on the date and have	that (we) last and from the causes stated
the Del	4	226 SIGNATURE MM	ato mo	DEGREE ATTENDING PHYSICIAN		1/23/86
HOS bined FUN Suld to		B MATO	S, M.D	21 CALLED	wolf Re Cocker	pwill My
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		. Nat 1. Mem.P	k. Laurel, Mary	
DHMH - 16 60M 7/84 (VRA 15, 4)	Le:	roy O. Dyett	4600 Liberty	Hghts Ave. 250.5	PATE RECD. BY REGISTRA	RS SIGNATURE



013010	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND N	AENTAL HYG	REG. NO.	8	ं ह	
by be oge 3		CEASED NAME OR PRINT)	FIRST	ilie	MIDDLE	ı	Boyd		20. DATE OF DEATH MONTH	6	YEAR 86	26. HOUR TAM
mos meter, po	3 SE	F		4 RACE		5. DATE C	PE BIRTIÁ	**25·	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
0 1 1 83	7a Bi	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER M	ARRIED	Baltimore city or cou		DEATH	MD.
10	10 C	Baltimore	Н	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET I SSCOTTK	ADDRESS)	cal Cer	itution iter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) UNEMPTOYED	NG LIFE) IN	2b. KIND OF NDUSTRY	BUSINESS OR
AND 22	USU.	AL RESIDENCE (IF NURSING STATE Md.	36 COUN		Baltimo	e admission) /N re		NO 🗌	131103 Proctor	St.	212	202
MARYL Sond 2 at	14. FA	Joe J,		MIDDLE	Tucker		15. MOTHER'S	tie	Hubbaro	1	LAST	
The state of the s	16a \	VAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	217-20-		Carrie		ADDRESS Skins 3915 Libe	erty	Heigh	ts Ave
RDS, 201 W. PRESTON ST. B. Sequents that the death control of the death control of the business of the control of the business remove control of the business control or reflecting to the business control or reflecting to the business of the transmitted or reflecting to the business of the business	7 NOI	Conditions, if any, gave rise to immecause (a), stating underlying cause	which which ediate the last	D BY: E CAUSE (a) DUE TO, O (b) DUE TO, OI (c)	R AS A CONSEOU	ENCE OF	BUCH NOT RELATED		IN AL DISEASE OR CONDITION	GIVEN		MARE INTERVAL MSET AND DEATH
I be low	CERTIFICATION	190 DATE OF OPERATI			ITION FOR WHICH	OPERATIO			YES CHOOL	YES [GS USED OF DEATH? NO
EXACTOR DIVISION OF VITTOR OF PARTICULAR INTERCEMENT TO FUNERAL DRAFF OF A PARTICULAR INTERCEMENT TO FUNERAL DIRECTOR. After this certificity Aleas the Scientification of the distribution of Mental Hyper WAPORTANT, if them 21 is manyed or them 18 is	MEDICAL	21a ACCIDENT WAS UNDED OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDIC: 21d INJURY OCCURRI WHILE NOTIWHIL AT WORK NOTIFY MEDIC 22a I certify that (I) (sow the decease above, (I) (we) (di 22b. SIGNATURE 22d PHYSICIAN'S NAI	E XX this hospit dolive an, d) (did not	21e. PLACE (AT HOME, STA hold) attended the liview the body	M. MONTH D M. 1/5/6 OSPITAL e deceosed fram ofter death. 19	86 19 FARM, ETC.)	SMOK 211. LOCATIO STREET JOHNS d that in (my) (DEGREE A' P	HOPKING	MEDICAL STAFF	ndAre Marina Ma Ma Marina Marina Marina Marina Marina Ma Ma Marina Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	a,Bal	21/02/21/22
BP	74 5	Burial		1-9-86			METERY OR C				Md Md	
DHMH-16 30M 2/80 (VRA 15, 4)	M.	illimam C. B	rown	1206-08	3 W. Nort	h Ave			AN 9 960		N. S. C.	No.







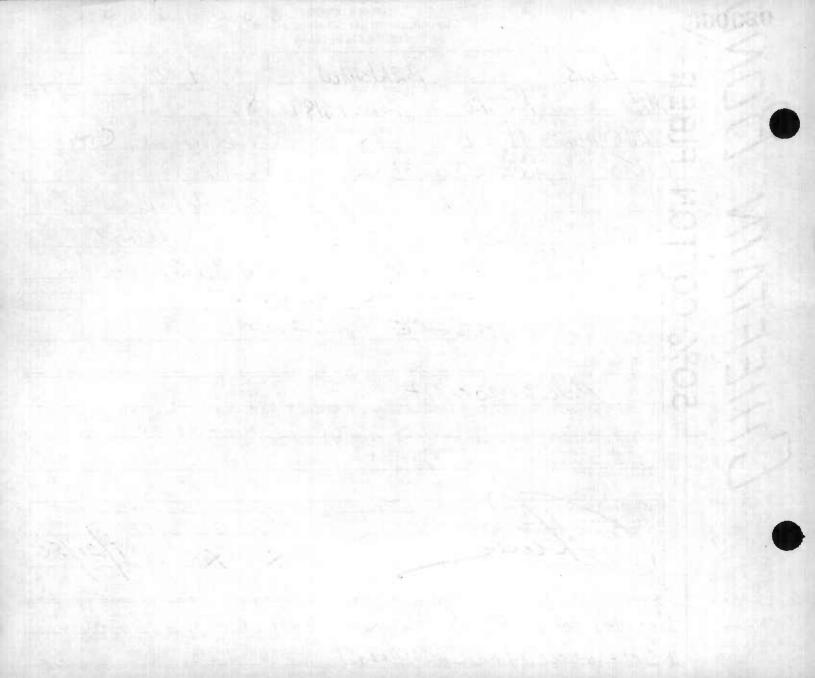
(VRA 15, 4)

029066

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIFICATE OF DEATH

1/	REGISTRAR	CERTITI	CATE OF DEATH	REG. NO	O.	
	CEASED NAME	MIDDLE	(LUAN)	20 DATE OF DEATH	20 86	26 HOUR
3. SI		Ne CRO S. DATE OF	F BIRTH 6	AGE (IN YEARS LAST BIR		IF UNDER 24 HRS HOURS MIN.
10 / N	JORTH CAPLINA	CITIZEN OF WHAT COUNTRY?	☐ NEVER MARRIED ☐	BALTHMORE CITY O	RCOUNTY OF DEATH	14 ME
20	SALIO	SELAIR COURTES	ARIUM	2a. USUAL OCCUPATION OF THE CONTROL		F LUSINESS OR
130	STATE) 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION]	YES X NO .	3. STREET ADDRESS	Mechen :	54.1
10	JAMES	BRACKHAW	15 MOTHER'S MAIDEN NAM	MIDDLE	lillines	Ť
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	PAR OR DATES) 16b SOCIAL SECURITY NO. WAR OR DATES) 217-05-161-30	EJNA RAIN	241301K	(enwood)	tue
event, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. CARDIA	- ARRI	est	APPROX BETWEEN	MÀTE INTERVAL ONSET AND DEATH
on motion	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	C.A.1.	>		
other tre	gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				
injury, or	PART 2 OTHER SIGNIFICANT CO	ENDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMIN	HAL DISE ASE OR CON	DITION GIVEN IN PART TO	
S shows only CERTIFICATI	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
ICAL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2)	
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT MORE	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn County	STATE
Z1 is mo	77s.1 certify that Jurins hasped to the foregoing the foregoing the state of the st	19 000	that in (my) (our) apinion de	to to		that (1) (we) last causes stated
T. If He a	22h SUNATURE		ATTENDING PHYSICIAN	MEDICAL STAR		1/80
MPORTANT	THE PHYSICIAN'S NAME (THE OFF	4947]	22e ADDRESS		//	
≥ 230	BURIAL CREMATION, REMOVAL	236. DATE 24-86 236 NAME OF CE	METERY OR CREMATORY OHAV CEMPT	23d LOGATION SPORTON	COUNTY L	TATE
OM 7/84	LINERAL DIRECTOR	1 show = 37 9 (1) A	1/1/1	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	URE



6500 York Rd.

solia devidor pondelles

DHMH - 16 60M 7/84

(VRA 15, 4)

MITCHELL-W IEDEFELD HOME. INC.

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FOR			DERART		E OF MARYL	U	6	0	0	8 5	c.j	
1 - STATE REGISTRAR			DEPART		ICATE OF	MENTAL HYG DEATH	IENE	REG. NO).			
1. DECEASED NAME		daeus	IDDI€		dford		20. DATE OF	DEATH	MONTH I	DAY YEAR	2b. I	HOUR
	THADEU		B	RADFO			JANUAR		1986		_	45 pM
3. SEX	1	RACE		5. DATE		YEAR	6 AGE (IN YE			MONTHS DATE		NDER 24 HRS
Male		Black			29/47	16.84	3'		YRS			
To BIRTHPLACE (ST	ATE OR FOREIGN	b. CITIZEN OF V	HAT COUNTRY?	8	D NEVER	MARRIED T.	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH		
Md.	STEP	USA		WIDOW		NORCED 1	BATTT	MORE	CITY			MD.
10 CITY OR TOWN	OF DEATH		OSPITAL, NURSII FACILITY, GIVE STREET		OR OTHER INS	TITUTION	12a USUAL C	CCUPATIO	N			SINESS OR
BALTIMORE			D GENERA	L HOS	PITAL							
USUAL RESIDENCE	IF NURSING HOME OR C		Balto	VN	13d INSIDE O	ITY LIMITS?	13e.STREET A				5/	(01)
14 FATHER'S NAME						S MAIDEN NA		S. PC	opple	e ton	St	1011
FIRST	M	IDDLE	LAST		13 MOTHER	FIRST	AIL	AIDDLE		1	AST	
Wes.	lev	Bra:	ndford		1	Cather	ine		Brand	lford		
60 WAS DECEASED			166 SOCIAL SECT		17 INFORM			ADDRE:				
LYES NO OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	215-46	-578	D	TT: 7	1 007	BT (7 - 1		Q1	1401
					F Dimi	na Hil	1 201	11	ociliac	eder		INITEDWAL
	DEATH (Enter only ATH WAS CAUSED		ine for (o), (b), or	nd (C)						BETWEEN	NONSET	AND DEATH
7 050	MIMMEDIATE	CAUSE (D)_M	ASSIVE U	IPPER .	GASTRO	INTESTI	VAL BLE	EDING	Ž	3 (daus	3
800		DUE TO, OR	AS A CONSEOU	IENCE OF								
Conditions, i	f ony, which	(b) E.	SOPHAGEA	I. VA	RTCES							
	o immediate)										
underlying		DUE TO, OR	AS A CONSEOU	JENCE OF								
		(c)										
Z PART 2 OTHE	RSIGNIFICANTCO	ONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE	ORCONE	ITION GIV	EN IN PART	10	
	BLE DRUG			ZURES								
S 190 DATE OF C	PERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?		, WERE FIND YING CAUSE		
31		3 - 6					YES 🗌	NO	YE			D []
21a ACCIDENT V	VAS UNDERLYING	216 TIME OF	INJURY		21c HOW IN	JURY OCCURR	ED (ENTERNAT	URE OF INJUR	IN ITEM 18 P.	ART I OR PART 2)		
	G CAUSE OF DEAT	HOUR A.A	I. MONTH D	AY YEAR								
OR CONTRIBUTION		21e PLACE C		19	211 LOCATE							
WHITE AL WORK	NOT WHILE	(AT HOME STRE	ET, FACTORY OFFICE,	FARM ETC)	STREE			CITY OR TOW	M	COUNTY		STATE
22a.1 certify t	hot X I) (this hospite	I) ottended the	deceased from_	Janu	ary 19	19_86		nuaru	21,	19_86	, that	(We) lost
	leceased plive an											
226. SIGNATU		all ms	nor deam.		DEGREE					22c. DAT		
	ma	nah mo				ATTENDING	MEDICAL	STAF		1 11 1	11	01

PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME YPE OR PRINTL 22e ADDRESS

Rice

c/o Maryland General Hospital

Md.

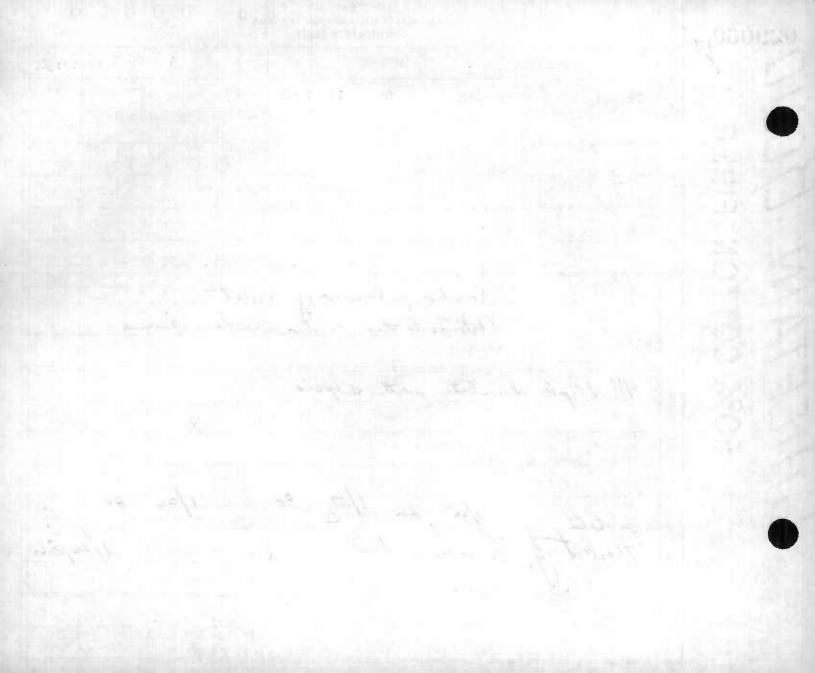
Jyotan Parikh, M.D. 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION CITY OR TOWN /28/86 ansdowne Zion Cem. JAN 29 1986 FUNCTION OF THE PROPERTY OF THE PR

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

08165	/	STATE REGISTRAR	VII AKI	CERTIFICATE OF DEATH	REG. N	O.
8 g		CEASED NAME FIRST VICTO	DRIA S.	BRIGGS	20 DATE OF DEATH	1 4 86 2345PN
(1)	3. SE		CANCASIAN	5. DATE OF BIRTH MONTH DAY YEAR 4 5 / 3	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) WARYLAND	M.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		DR COUNTY OF DEATH
by the filled with	10	ALTIMORE	11. NAME OF HOSPITAL, NURSING BON SECOL		120 USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR MOST OF UNEMPLO	ION DE WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY YED
should be in	130 S	BRYLAND BAL	OTHER INSTITUTION GIVE RESIDENCE BEFOR	MORE YES NO [VERON ST ZIZZ
omplete ond 2		VINCENT	SCIUK	114-01	MIDDLE (P. da)	Klimas
s. Poges	1	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN! (IF YES, GIVI		3-7624 CHART	2.000	W. BALTIMORES
ted by the attending physplose remove corbonpop pleose remove corbonpop prial, cremotian, or remove or other troumatic event,		PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	D PULMONARY ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
has been sign permit. Then one prior to bu	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
trending physicic r this certificate the buriol-transit and Mental Hygic ced or Item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHER MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	in .	AY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET		RY IN ITEM 18 PART I OR PART 2)
the hospital or a L DIRECTOR: After toched for use os e Dept. of Heolth. If Item 21 is mork		270 certify that (I) (this hospit saw the deceased alive on the same of the	ol) oftended the deceased from	DEGREE ATTENDING	MEDICAL STAF	that (I) (we) lost ate and hour and from the causes stated 22c. DATE SIGNED
to Funeral		JOHN BURIAL, CREMATION, REMOVAL	D. MILTO	22e ADDRESS	HANDUER	ST. BALT 212

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Burial 24 FUNERAL DIRECTOR

FOR

1-8-86

23c NAME OF CEMETERY OR CREMATORY Crestlawn Mem. Grdns.

Marriottsville Howard Stal Md.

21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

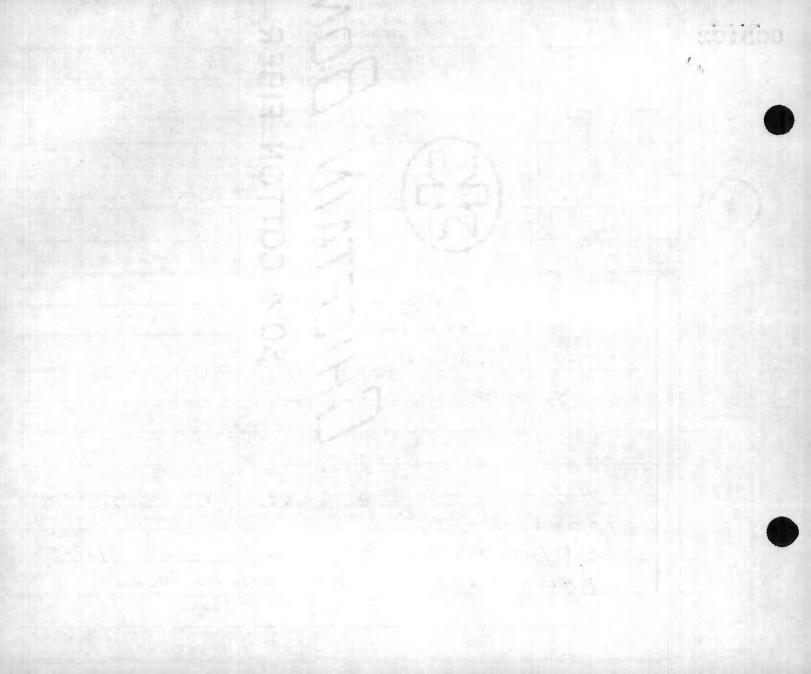
250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TERROR TO THE PROPERTY OF THE Marian Contract Contract Contract the state of the s

9172	1.	STATE REGISTRAR			DEPARI		CATE OF DEATH		REG. NO.			-	
and deep you		CEASED NAME OR PRINT)	James		Howard	Br	itton, Sr.		DATE OF DEATH M	ONTH DA	Y YEAR	2ь ноц 8:30	
ectar, pa	3. SE Ma	.le		4 RACE White		5 DATE O			AGE TIN YEARS LAST BIRTHO	YRS	UNDER I YEAR	IF UNDER	24 HRS MIN.
in 72 hours	N	RTHPLACE (ST	ey	USA	WHAT COUNTRY	8	NEVERMARRIE	ED - B	BALTIMORE CITY OR altimore Ci		OF DEATH		MD.
by the further with		ilto., C			HOSPITAL, NURSI SHEACHTY, GIVE STREE INEWOOD		R OTHER INSTITUTIO		e usual occupation		Verta1		
1 85	USU 13a :	AL RESIDENCE (STATE MD	13b COUN		GIVE RESIDENCE BEFORE Balto.,		13d INSIDE CITY LIM		800 Pinew6	3'd CAVe	., Bal	to.	2120
400	14. F/	THER'S NAME Pau	1	MIDDLE	Brit			Helen			Fei	gus	on
Pages Pages	160 \	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SEC 217-01-9		Ethel C. I	Britt	on, 3800 Pi		d Ave.	212	206
red by the attending physplose remove carbonpag urial, cremation, or remove v, or other traumatic event.		Conditions, it gave rise to cause (a), underlying	f any, which a immediate stating the cause last	DUE TO, O	RAS A CONSEQUENCE AS A	PULLED F SLOCE OF DENCE OF	2,	000	AL DISEASE OR CONDI	TION CIVE		MATE INTER	DEATH
it Then iar table	ATION		PERATION	Keimee	0		WAS PERFORMED	ic (ERMIN)			WERE FINDIN		
cton.	CERTIFICATION					TOPERATION			YES NO	IN CERTIFYI YES	NG CAUSES		TH?
ding physics certificate burial-tran Mental Hygar them 18 s	MEDICAL CE	OR CONTRIBUTION	VAS UNDERLYING C G CAUSE OF DEA FY MEDICAL EXAMINER CCURRED	HOUR A.		AY YEAR	21f LOCATION	OCCURRED	ENTER NATURE OF INJURY				
or otten seas the ealth and marked o	WE	AT WORK	NOT WHILE AT WORK hat (1) (this haspit		REET, FACTORY OFFICE,		STREET 19	\$3	CITY OR TOWN	300	COUNTY	that (1) (s	we) last
DIRECTOR DIRECTOR Director of Ha		sow the d obove, (I) 22b. SIGNATU	leceased alive an (we) (did) (did not	view the body	ofter death.		EGREE	-	MEDICAL STAFF	e and have a	22c. DATE		oted
to FUNERAL should be dete with the Stote		22d PHYSICIAI	12 ALI	2000 1 17 13	AE IL	71	1. D. ATTEND PHYSIC 22e ADDRESS 1396	IAN K	DIRECTOR PHYSICIA	BLV	11/50	175	
BP	23a E	BURIAL, CREMA Burial	TION, REMOVAL	23b. DATE 1-6-8	231	NAME OF CE	METERY OR CREMAT	TORY	23d LOCATION CITBATTO.	,	COUNTY	MD s	STATE
IMH - 16 60M 7/B4 (VRA 15, 4)	24 F	Dhn AME	filler,	Inc., 64	415 Belai	r Rd.	21206	IAN	FCD. BY REGISTRAR 25	b. REGISTRA	AR'S SIGNAT	URE	

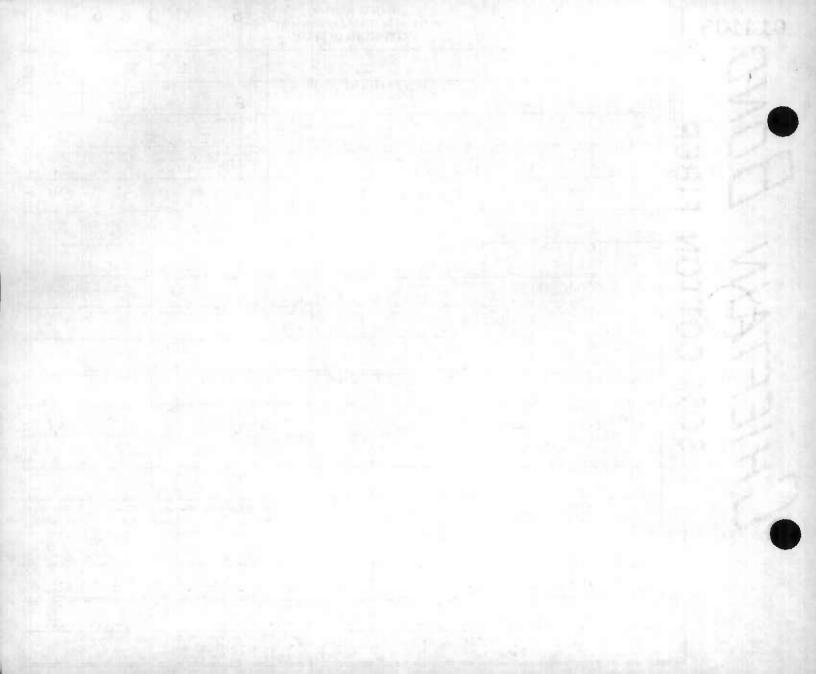
STATE OF MARYLAND

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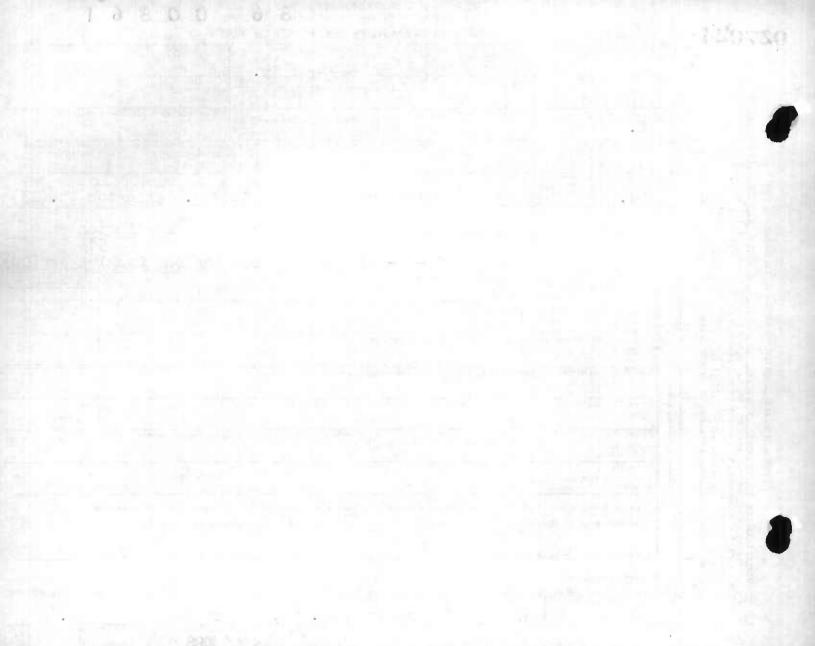


028065	1-	FOR STATE REGISTRAR CERTIFICATE OF DEATH STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									7
moy be poge 3 er death	TYPE			Tero	Brod		/	2a DATE OF DEATH	01:	20 86	255° M
oge 4 mc rector. p	3. SE	V	4. RACE B		5. DATE OF E	ZZ OAY	YEAR	6 AGE (IN YEARS LAST B	YRS	MONTHS DAYS	HOURS MIN.
he funeral di within 72 ho		IRTHPLACE (STATE OR FOREIC COUNTRY) N.C. ITY OR TOWN OF DEATH	US.	WHAT COUNTRY? A HOSPITAL, NURSIN HEACILITY, GVE STREET aton Medi	WIDOWED [OTHER INSTIT	ORCED	9 BALTIMORE CITY Baltimor 120 USUAL OCCUPA (TYPE OF WORK FOR MOST	e City	126. KIND O	MD. F BUSINESS OR
filled in by the rould be filled (m. st be noted)	13a. S	Balto. AL RESIDENCE (IF NURSING H ST. Md. 136			ADMISSION)	d. INSIDE CIT	Y LIMITS?	N/A N/A N/A N/A N/A N/A N/A N/A			1218
d completely seel and 2 sh	16a. V	ATHER'S NAME FIRST Sidney NAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	MIDOLE S. ARMED FORCES?	Broadway			MAIDEN NAA		M	cLeande	
ificate be executed by siction and appropriate property. Page: naval.		NO 18 CAUSE OF DEATH (Er PART I. DEATH WAS C	iter only one couse per	241-14-	7947A	BROAD		4918 Cren	shaw A		MATE INTERVAL INSET AND DEATH
equires that the death certification of signed by the attending p. Then please remove corban, to burial, cremation, or reminjury, or other traumatic eve	NO	Conditions, if ony, whi gove rise to immedia cause (a), stating t underlying cause la PART 2 OTHER SIGNIFIC	ch (b) the DUE TO, O	r as a conseque	NCE OF		TO THE TERMI		rad a		magt
Shows ony	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH				200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES S	
TENDING PHYSICLI pitol or attending p TOR. After this certif for use as the buriolit of Health and Mental 21 is marked or tem 18s	MEDICAL CE	71g, ACCIDENT WAS UNDERLY! OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL EX- 71d. IN JURY OCCURRED WHILE AT WORK NOTIFY HOUSE AT WORK NOTIFY HOUSE 170.1 certify that (1) (this saw the deceased of paper of 1) (weeking)	OF DEATH AMINER) 21e PLACE (AT MOME STI	M. MONTH DAM. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.) 2	I LOCATION STREET	N 1985	city OR T	OWN	COUNTY	STATE hot ((we) lost
O HOSPITAL OR A Personned by the hosp TO FUNERAL DIREC should be detached with the State Dept.		226. PHYSICI AME	(TYPE OR PHINT)	d-M.D.		AT PH		MEDICAL STA	ICIAN 🗌	M. DATES	IGNED - 1 / C
Bb Shoul	23a. E	BURIAL, CREMATION, REMISSION BURIAL			IAME OF CEM			23d LOCATION	timore	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	h F/H 1101	4 Obbres	V		25a DATE	N 2 4 1986			Handelle.

CTATE OF MARYLAND



		1	FOR	STATE OF N DEPARTMENT OF HEALTH	MARYLANDO 6	861
00	2024	1-	STATE	MEDICAL EXAMINER'S	EDTIFICATE OF DEATH	0 0 1
UK	7024	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE MIDDLE	Rt.	EG. NO. VN VV MONTH DAY YEAR 12b. HOUR
	w 5		E OR PRINT)	D1-1	naton To Date KNOV	
	EAS TOR TOR SUR SEET	3 SE	Leroy	Brocki 15. Date of Birth 16. AGE (IN YEARS) IF UN	IDER 1 YR. IF UNDER 24 HRS. 20 DATE	ED 1-18 19 86 M
	REC PREC PLANT STATE AND A STA			MONTH DAY YEAR LAST BIRTHDAY) MONTH	HS DAYS HOURS MIN PRONOUNCED	8:56
	N YOU		Tale Black	1/26/63 22 YRS. 7b. CITIZEN OF WHAT COUNTRY? IS	DEAD	1-18 1986 p. M
	A SEE SEES	FC	REIGN COUNTRY)	MARRI	ED MEVER MARRIED I	-
	DELAY IS NECESSARY, PIEASE D 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. LID BE FILED, WITHIN 72 HOURS DPGS 701 W PRESTON STREET.		ITY OR TOWN OF DEATH	IIS A WIDOW 11. NAME OF HOSPITAL, NURSING HOME, OR OTH	ER INSTITUTION 1120. USUAL OCCUPATION	NOTE CITY, MD. N (TYPE OF WORK 1126 KIND OF BUSINESS
	A PER)		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIF	
	SE P		Baltimore	2500 blk. Edmondson AV	renue	
30	美見書		TATE 13b. COU	TY II3c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	21223
0.31	V	-	Md.	Baltimore		exington St.(23)
M.	4-18-7	111.1	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NAME	LAST
ORE	88255 -	14- 3	Leroy WAS DECEASED EVER IN U.S. AI	Brockington MED FORCES? TIBB. SOCIAL SECURITY NO.		ockington DRESS 516
BALTIMORE, MD.	## 5 % S	100.		VAR OR DATES)		210
NA.	PAGEN			213-89-6663	Daisy Brockington	
15	S S S S S S S S S S S S S S S S S S S		PART I DEATH WAS CAUSE	y one cause per line for (o), (b), and (c).) BY: Canadacte Mound of	Choot (managifici	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	A SERVICE A SERV			E CAUSE (a) GUISTIOL WOULD OF	Chest (unspecified	1)
PRESTON ST	NA PERSON		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
	E SE		gove rise to immediat couse (a) stating the under	(b)		
5	N. SAN		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
8.2	25.00		PART 7 OTHER SIGNIFICANT CONDITION	ONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE		
DIVISION OF VITAL RECORDS, 201 W	WAS SEE	z	The Total North Cart Condition	ONTRIBUTION OF ACT ACT ACT ACT OF THE PERMITAL DISEASE	OR CONDITION GIVEN IN PART 1 (g).	
35	HOULD BE ERD PENDIR MEDIC USED AS A OF HEALTH RELATED TO THE THE RELATED TO THE	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION W	AS PERFORMED?	20 AUTOPSY?
TAL	WORD P WORD P CHIE BE USED NT OF HE BURIAL	J.F.				YES XX NO
2	AFE SO BE CO	E	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HC	OW INJURY OCCURRED LENTER NATURE OF INJURY IN I	
2	CERTIFICATE S TING THE WO NE TO THE S 3 SHOULD BE DEPARTMENT PRIOR TO BE		UNDERLYING XXOR CONTRIBUTING CAUSE OF	EATH ? P.M. 1-18 19 86 SU	ubject was shot	
orga	PER	MEDICAL	21d. INJURY OCCURRED	TIE PLACE OF INJURY (AT HOME. 711 LOG	CATION	
S S	SE S	E	WHILE AT WORK AT WORK		500 blk. Edmondson Ave.	COUNTY STATE
	RWARWA STA					
-	A RESTA		and the second		Inspection , Inquiry ,	ond in my opinion
	AAM REC RYL RYL	1 9	death resulted from Nati	Accident . Suicide	Hamicide XX Undetermined manner	U.
	200014 200014		ACTUAL DELLE	is thurth liter.	TITLE (SPECIFY) D Assistant MEDICAL EXAMINED	DATE 1-19-86
	SER SE	1	SENATORS	man and a man an	D. ASSISTANT MEDICAL EXAMINER	SIGNED
	SHEER CHE	1	EXAMINER'S NAME (TYPE OR PRINT)	nis F. Smyth, M.D.	ADDRESS 111 Penn St., Bal	lto., Md. 21201
	TO MEDICAL EXAMINEE: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR, P APPER DEATH WITH THE ST BALTIMORE, MARYLAND 2	23a. B	URIAL CREMATION REMOVAL		R CREMATORY 23d. LOCATION	
07/B4	RP	(Burial	1/27/86 Arbutus M	CITY OF TOWN	COUNTY STATE
25M	DHMH - 17		UNERAL DIRECTOR		175a DATE REC'D BY REGISTRAR 1756	REGISTRAR'S SIGNATURE
	(VR A15 ME (5))			ADDRESS	JAN 23 1986 4	Mes Carlon - Mangella



STATE OF MARYLAND DEDARTMENT OF BEALTH AND MENTAL

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ABUSE

(21209)

21208

STATE

017120	1	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.				
oy be		CEASED NAME FIRST SAMUE	EL C.	BRODSKY	JANUARY 9,1986	Zb HOUR 7P.	
ge 4 mon	3. SE	× MALE	4 RACE CAUCASIAN	5. DATE OF BIRTH JUNE 5 1924	6 AGE (IN YEARS LAST BIRTHDAY) 61 YRS	FUNDER LYEAR FUNDER 24 HRS	
Po		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE C		
s offer o		BALT IMORE	2704 JENNER DR'	ÄPT. B (21209)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TOUNSELOR DRUG ABU-		
24 ho	13a	AL RESIDENCE (IF NURSING HOME OR STAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY		13e STREET ADDRESS / ZIP CODE		
DO Complete of with	14 F/	ATHER'S NAME LOUIS	MIDDLE LAST BRODS	SKY 15 MOTHER'S MAIDEN NA	WE	ROTHSTEIN	
death certificate be execu- ottending physician and convex carbonpapers. Pages otion, or removal.	16a \	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. LARRY ABRAMS (YES, NOOR UNKNOWN) WWII-ARMY 2/8-18-2419 8234 SCOTTS LEVEL RD. BALTO., MD 21					
		PART I. DEATH WAS CAUSE	ily one couse per line far (a), (b), and D BY: IE CAUSE (a), META	STATIC COLON	er-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF			
ed by the riol, crem or other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE				
require	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110					
The low cron. The hos but the hos but sit permits grene principos son	RTIFICA	19a DATE OF OPERATION			200 AUTOPSY? YES NO		
Z Y CON LICON WAY WE WAY	Ö	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	V VEAR 716. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	

OR. After this certion use as the buriol-f Health and Menta TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Heal TO HOSPITAL BP.

MEDICAL

morked or the

MPORTANT.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 1/12/86

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

OHR KNESSETH ISRAEL ANSHE"SFARD

DEGREE

211 LOCATION

22e ADDRESS

ATTENDING

PHYSICIAN V

REISTERSTOW ,

MEDICAL

BALTIMORE MARY LAND

22c. DATE SIGNED

COUNTY

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

22a.1 certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did) (did not) view the body ofter death

P.M.

21e PLACE OF INJURY

GLASIEN

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

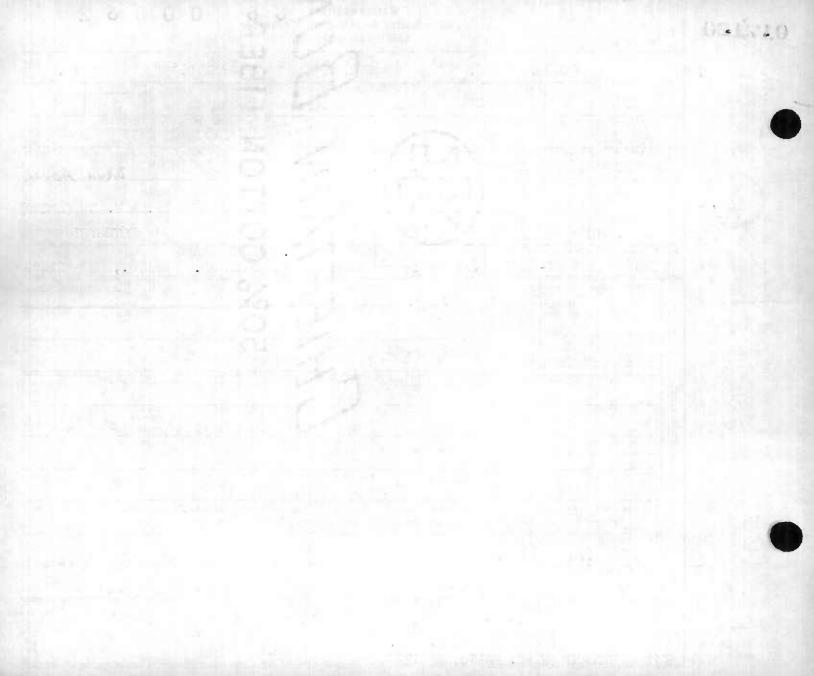
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - and lakeopt-by

CITY OF TOWN

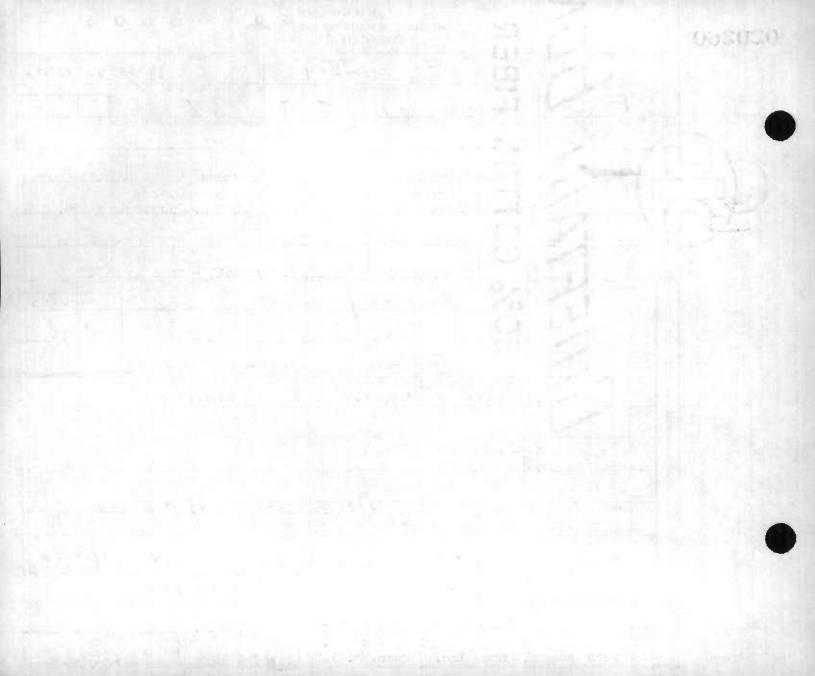
(our) opinion death occurred on the date and hour and from the causes stated

STAFF

DIRECTOR | PHYSICIAN



020260	1.	FOR STATE REGISTRAR	D	EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 0 0	8 6 3
1 11 4	11/19/	Hel	en		BROMWELL Brom WellL	20. DATE OF DEATH MONTE	- 13-86 12:35 FM
on 4 mg	1.5E	Female	RACE	MC	E OF BIRTH		MONTHS DATE HOURS MIN.
1 1 30		COUNTRY) // D	TI.S.A.	MAR WIDO	RIED NEVER MARRIED DIVORCED D	Baltimore (
1337	Ва	ltimore	(IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Hostess	12b. KIND OF BUSINESS OR INDUSTRY Westinghouse
333	Ма			NCE BEFORE ADMISSIC OR TOWN ISON	13d INSIDE CITY LIMITS?		code guehanna Ave. 2120
11030	He	THER SNAME THEY VAS DECEASED EVER IN U.S. A	Phi	LAST 11ips IAL SECURITY NO	15 MOTHER'S MAIDEN NA FIRST Alma D. 17 INFORMANT	MIDDLE	Roberts
pad 2		YES, NO OR UNKNOWN) (IF YES C	SIVE WAR OR DATES)	24-9391		Bromwell - Same	as #13e
certificati fing physical fix event, i		PART I, DEATH WAS CAUS IMMEDIA	ATE CAUSE (a)	espira	1	7	minu7e5
hat he death by the attend one remove co a compiler, to summe		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	Coma	F	oma	days
ow requires the bear signed must be being prose to busing a person to business a person to busines	CERTIFICATION	65.1	al seizur	e disc		MINAL DISEASE OR CONDITION 1 0 5 TTUCTO 200 AUTOPSY? 200.	
The state of the s	AL CERTIFI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON		AR	YES NO	YES NO
S Perrsic offending the this can a the busin to and Men	MEDICA	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTOR	Υ	9 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDRA nipital or CTOR. At GTor use o 1. of Health			1117	19 86		, ta	, 19 6 6, that (I) (we) last id have and from the causes stated
by fire ho by fire ho by fire ho controlled Store Dept		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	feloly m	9	Tan . DD acco	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 1 13/86 30/57 PEULPI.
TO HOSPIT retained by TO RUNE should be- sub-side be-	230	Evan BURIAL, CREMATION, REMOVA	Selsky n	T234 NAME C	F CEMETERY OR CREMATORY	md. 12120	
BP	18	(SPECIFY) IRECTOR	1-16-86		udon Park	Balto.	COUNTY STATE Md EGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		ck Towson Fune	ral Home, Inc	Towson	n,Md.21204		Sevidence Dande



021047	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	5 4
e # 9	I. DECEASED NAME FIRST	MIDDLE E.	Bracks	20 DATE OF DEATH MONTH	86 PLISA
moy be page 3 ter deoth	3. SEX	A RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor,	Male	BLack	MONTH DAY YEAR 04	81 YRS	MONTHS DAYS HOURS MIN.
Pag dire hour	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUN	TY OF DEATH
deoth. P	VIrginia	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	у, мо
ion is ofter decorate to the function of the f	buff, more	MENOT IN SUCH FACILITY, GIVE STREET	they Medical (ont	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Caterer	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 212 cat be executed within 24 hour wittion and completely filled in agers. Pages and 2 should be yet.	USUAL RESIDENCE (IF NURSING HOME (130 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13r. CITY OR TO Baltime	ore 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2000 Odell Ave	nue 21237
RYLL withir withir days	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
E, MAR	Benjamin	Brooks	Lula URITY NO. 17 INFORMANT	ADDRESS	Tucker
MORE e execu	(IF YES, O	ARMED FORCES? 166 SOCIAL SEC			APt. G
LTIN be rs. P		anly ane couse per line far (a), (b), o		ey Brooks 2532 E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 294 W. MESTON quire that the dath a graph agreed by the attended being dath and allower conferences conferenc	and the second s	DUE TO, OR AS A CONSEON (b) S & S DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	3	MINAL DISEASE OR CONDITION C	SIVEN IN PART 1(a)
AL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OF VITA	OR CONTRIBUTING TO CAUSE OF P	CAIN	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)
MISSON offerfloor ter flot of marketon hand we	LIFETTHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN pertol or CTOR: At for upe of at Height	sow the deceased alive of	pital) attended the deceased from on 19 not) view the bady after death.	621	death occurred an the date and h	that (1) (we) last our and from the couses stated
AL OR A DIRECTOR OF THE PROPERTY OF THE PROPER	226. SIGNATURE	A Heal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSFITAL Manned by 11 No. 15 FUNERAL MADDIA by det with the State	22d. PHYSICIAN'S NAME (TYPE	Healy	3940 Eas		inviendo
BP	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Eastview MEmorial 1	Pk Baltimore,	COUNTY Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR March Funeral H	Homes 1101 East	North Avenue	N 1 7 1986	ISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF	DEATH	REG	NO.				
1		CEASED NAME	FIRS1	17/17/17	MIDDLE	1	AST		20 DATE OF DEATH	MONIH	DAT	YEAR	26 HO	JR
	(TYPE	OR PRINT)	ORA		E.	BRO	OKS			1	12	36	13	30MM
	3 SEX	(4 RACE		5 DATE C			6 AGE (IN HARS LAS	LAID HUAT)	IF IN	HRIYEAR		R 24 HRS
	F				В	MONTH 8	24	91	94	YR	85	BAYS	HOURS	MIN.
-		RTHPLACE (STATE OR I	FORE IGN	76. CITIZEN OF	WHAT COU	NTRY? 8	NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF	DEATH		
4	VA	1.		U.	S.A.	WIDOWE		NORCED	BALTI	10RE	CITY			MD.
	10. CI	TY OR TOWN OF DEA	ATH			NURSING HOME C	R OTHER INS	MOITUTIT	12g USUAL OCCUP			L KIND C	OF BUSIN	VESS OR
1		BALTIMORE	78-11	UNIC	ON MEM	ORIAL HO	SPITAL		NA				11	
-	13a S		136 COUN		GIVE RESIDENCE	R TOWN	13d INSIDE	CITY LIMITS?	13e STREET ADDRE	SS / ZIP C	ODE			
-	MA	ARYLAND			BALT	IMORE	YES X	NO 🗌	606 WOOD	BOURNE	E AVE	21	212	
	14 FA	THER'S NAME		AIDDLE	LA	451	15 MOTHER	S MAIDEN NA	ME	F		LAS	i.i	
-	WI	ILLIAM				INSON	1	MARY				HEAR		
	16a W	VAS DECEASED EVER		MED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORM	ANT	AD	DRESS				1
	NC	VAS DECEASED EVER (ES NO OR UNKNOWN)	(IF TES GIVE	WAN OR DATES	UNK	NOWN	MYRTL	E STANL	EY 813 RIC	CHWOOT) AVE	. 21	212	
		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for io.	(b), and (c).					I		IMATE INT	ERVAL ID DEATH
	200	PART I. DEATH W		S BY (D)	CAR	DIO PULMO	NARY	ARRES	T					
		77 A 211	MACDIAN					,						
		Conditions, if any,	which	DUE TO, O	Much	TINEAR	CT DE	WENTIA	ASHI	,				
		gove rise to imr	mediate) (0)-					1	- 100				
		couse (a), stating couse		DUE TO, O	RASACON	ISEOUENCE OF					133			
	-	PART 2 OTHER SIGN	NIEIC ANT C	ONDITIONS C	ONTRIBLITIA	IG TO DEATH BUT	NOT DELATE	D TO THE TERM	AINAL DISEASE OR C	ONDITION	CIVENIII	I DADT 1.		
	Z	<u>^</u>	VA	ONDINONS C	OTT KIDOT III	O TO DEATH BOT	TO RELATE	D TO THE TERM	THAT DISEASE OR C	0140111014	OITEN II	41 -001 11	u	
2	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	20b. IF	YES, WE	RE FINDI	NGS USI	ED
	FE	(FOL. 20)							YES NO		RTIFYING	CAUSES	OF DEA	ATH?
-	ERT	216. ACCIDENT WAS UNI	DERLYING	215 TIME C	OF INJURY		Tale How II	NJURY OCCUR	RED (ENTER NATURE OF			DR PART 21	140	
1		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONT	H DAY YEAR			(ENTERTATION OF			2		
	MEDICAL	214 INJURY OCCUR			OF INJURY	19	211 LOCATI	ON				-		
	ME	WHILE TO NOT WE	HILE [7]			OFFICE, FARM, ETC }	STREE		CITY	ORIOWN	C	YINUO		STATE
		AT WORK AT WO)Rx				12/	10 86		1/12	200	86		
		220.1 certify that (1) saw the decease			e decensed				death accurred on th	1 de la mod			thot (I)	(we) lost
		obove, (I) (we) (after death			, (oor) opinion		e dore dila				
		226 SIGNATURE	1	1/201	2.		DEGREE	ATTENDING _	MEDICAL _	STAFF .	,	22¢ DATE	1	1
_			-/6	com !	allo	hu k		PHYSICIAN [DIRECTOR PH		6	1	12	186
	37	22d. PHYSICIAN'S N			/		22e ADDRE	55						
		Jot	TNI	30011	NA	0	UNI	ON MEMO	DRIAL HOSE	ITAL				
		URIAL, CREMATION,	REMOVAL	23b DATE	0.4	23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	N	1,01	INIY		STATE
	וטפ	RTAL		1-17-	86	KING	1022 16		RANDALL	STOWN			ARYL	AND
		M. CAMMARCH	E/H T	VIC 110	1 12 AV	ייין אייים		25a DAT	E REC'D. BY REGISTI	RAR 256, REC		SEIGNAT	URE L	
	WI	TAKUH	r/n li	NU. LIU	I L. T	WOKIN AVE		I A N	ו מצעו	A MARINE A		-		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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BUTTANK F TO UNION WINDRIAL HORIZON

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01	7135/	11-	FOR STATE 1/2	11 item 1 2/86 rja		DEPARTM EDICAL E	ENT OF H	IEALTH		NTALEY) 8	6	Ò	
	1/4	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST	BRIAN	MIDDLE Bryan	Α.	ER 3 C	LAST	OKSHI	20.	DATE KN	ESTI- X	MONTH	DAY YEAR	2b. HOUR
	S NECESSARY, PIEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET,		ale	White		5,1960	AGE (IN YEA	HINOM (Y		IF UNDER 2	MIN PR	DEAD		1-11	-8619	2d. HOUR
	NECESS UNNERA S FOR N FOR N	Ma	RTHPLACE (ST REIGN COUNTRY) Ary Land			5.A.		WIDOWI	ED 🗆	VER MARRIE	D	Balt	timor	e Cit	-	MD
	BAY IS PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	В	altimor	`e	11. NAME OF HE 3906 E.	North	ern Pk	wy.	ER INSTITUT	1001		Ting in			OR INDUS	USINESS TRY
21201	100 mg 10	13a S		IF IN NURSING HOM	NE OR OTHER INSTITUTION, JNTY		Timore		13d INSIDE (I	TY LIMITS?	3 STREET 3906	Nort	hern	Park	21 way	214
RE. MD.			THER'S NAME		~Davis	Br	ookshi		Ma	R'S MAIDEN RST rgare		MIDE	DLE	Kat	zenberg	
BALTIMORE.	S AFTER D SIVE PAC TH FOR MISION O	16a. V	VAS DECEASEI ES, NO, OR UNKNO O	DEVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)		al SECURITY 0-1858		Marga		. Wil		ADDRESS 4350		21220 ners Rd	
ON ST., B	A HOUR TEM 18. ONG WI FRMIT. P	1	18 CAUSE O PARTIDE	F DEATH (Enter ATH WAS CAUS IMMED	IATE CAUSE (a) 31	otgun v	wound		ead						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
W. PRESTO	PENCIL IN IT PENCIL IN IT WAINER ALL TRANSIT PENCIL HYGO OR REMON		gove ris	is, if any, whice to immedia stating the <u>under</u>	ch ote (b)	OR AS A CONS										
DRDS, 201	BE EXECUTE EXPONDED IN WEDICAL EXPONDED IN STATE AND MALTH AND MAL	z			(c)NS CONTRIBUTING TO DEA	TH BUT NOT RELATE	O TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PART	110					
ITAL REC	HOULD BE CHIEF ME USED AS OF HEAL	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR W	HICH OPERA	ATION WA	AS PERFOR	MED?					(HEAD)	NLY)
DIVISION OF VITAL	RE THIS CERTIFICATE SHOULD ITE, WRITING THE WORD "THE PARKARDED TO THE CHIEF REPAGE 3 SHOULD BE USED BE STATE DEPARTMENT OF HEM DO. 21201 PRIOR TO BURIAL, CO.	CAL CER		L CAUSE WAS OR OG CAUSE O		OF INJURY .M. MONTH1	1-86 EAR	se	lf/in	occurred flicte		URE OF INJUR	BI MATI NI YR	PART 1 OR PAR		
DIVISI	HIS CERT WRITING ARDED AGE 3 SH ATE DEPA	MEDI	21d INJURY C WHILE AT WORK	NOT WHILE AT WORK	ZIE PLAC STREET, F.	OF INJURY NOME	(AT HOME,		6 E.	Northe	ern Pi	kwy:""	Ва	altim	ore, Ma	ryland
	A DE SES		22a 1 certii death resulta		turol couses .	Acciden [YA) tops	y X,	Inspection ide .		Inquiry L		nd in my op	inion	
•	TO MEDICAL EXAMA EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNDE TO FUND TO FU		ACTUAL SIGNATURE	Me	upre 1	de ye	ll	M.i	D. AS	sistar	1t MEDICA	AL EXAMIN	NER	DATE	1-12-8	6
	TO MED EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	73n RI	EXAMINER'S (TYPE OR PRIN	NAME NT)	Margarita 123b DATE		ell,M.		ADDRESS_	11 Per	nn St					
07/84 25M	BP	(5	Burial		Jan. 15,1		rdens		aith		CITY OF	altim		COUN	Maryla	nd
	DHMH - 17 (VR A15 ME (5))				Inc. Bal	timore,	Mary:	land		JAN 1	4 198	86. yu	بيناده ريان	16300-	IGNATURE	

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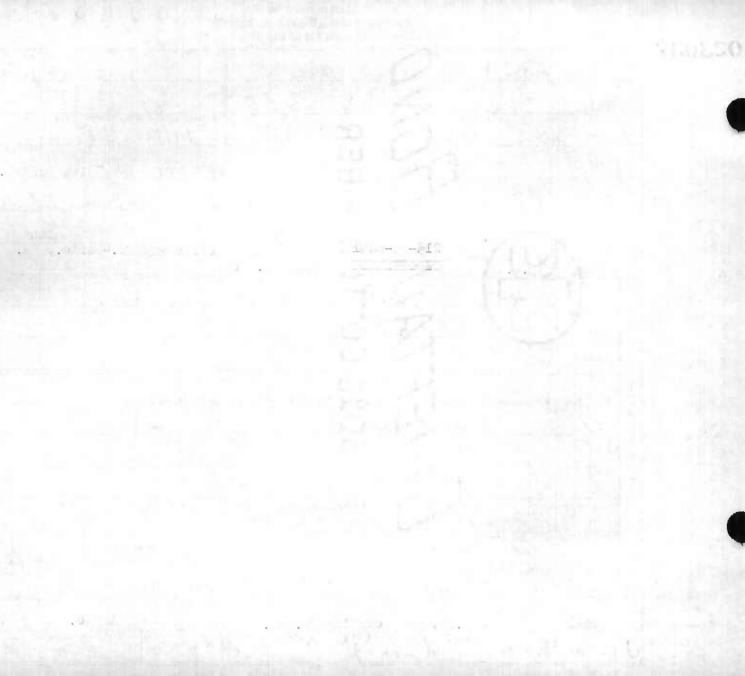
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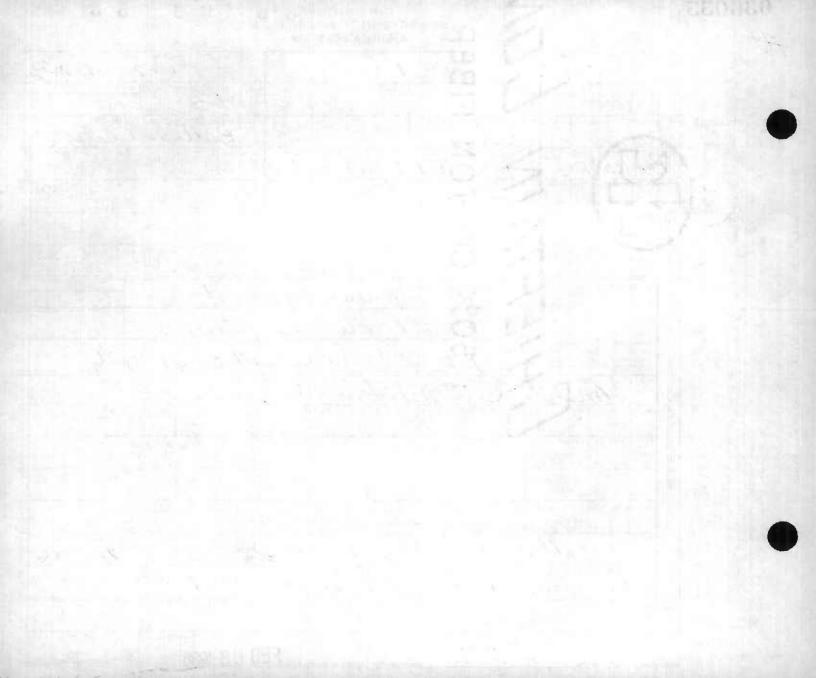
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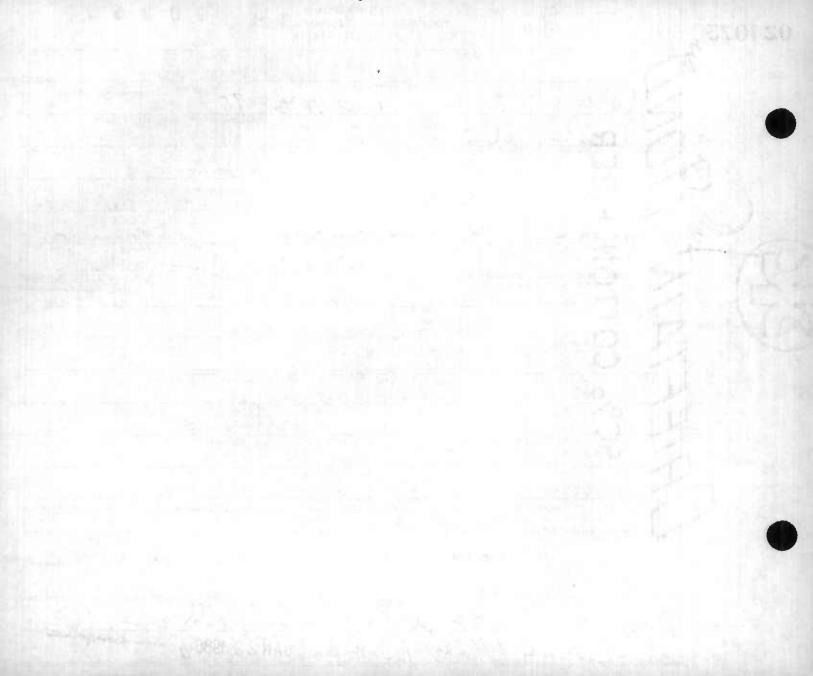
.,	K	FOR - STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL A	IYGIENE 0 0	8 6 /
02303X	7.00				REG. NO.	
04		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
1 13/		tau	and tynest	rsvoss		-20-86 12:50 %
DE 8.4	1.58	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
8.5	1	Male	Caucasian	06 23 1904	81	YRS DATS HOURS MIN.
12 00	70. 8	RTI PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	PV2 1	BALTIMORE CITY OR CO	
W 20	7	of the mo.	ILSA	MARRIED NEVER MARRIED !	Bolts.	City
17	10.5	PY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	1126 KIND OF BUSINESS OR
12 14	1	Balto	(IF NOT IN SUCH FACILITY GIVES	200 11.00 12/	TYPE OF WORK FOR MOST OF WO	RKING (IFE) INDUSTRY
1 18	UsU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	RET SPTY 6	hire Fund I.R.
33/6/1	13a	STATE 136-C9	UNTY 131 CHY OR 1	OWN 134. INSIDE CITY LIMITS	130 STREET ADDRESS / ZIE	CODE
3400	100	MD. BE	9/TU DQ/1	YES NO	19/03 COII	ISWAY KU 2110
15 12	W.	FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
11/12	V	Edward	E.	Eva		Smith
72 1		VAS DECEASED EVER IN U.S. ,	GIVE WAR OR DATES	ECADONO. 17. INFORMANT 610	3 Collinsways Re	dBalto., Md.
00 10		Yes W.W		Evelyn G.Br	ross	#21228
Ala f		18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b)	, and ac	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4001		PART I. DEATH WAS CAU	ISED BY:	etsetil - (ac	Cilian V	S. L. A. C.
Bet v		IMMED		Z Z	THE TANK THE	
101		Conditions, if any, which	DUE TO, OR AS A CONS	OHENCE OF		
100		gave rise to immediate	(b)			
# 0 ff		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
o de la			(c)			
1000	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE		ON GIVEN IN PART 110
20 27	CERTIFICATION	190 DAN OF OPERATION	test to methic	illin Pertonated Roth	e Ulcerdisease	
1 1 1 1	5	1/2/01	Q A -	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 201	EF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
110	E	1/2/80	Jaskaraled &	eptic Ulcer	YES NO	YES NO
1 1	1225	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		DAY YEAR	URRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
1111	13	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
16 6	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211 LOCATION	CITY OR TOWN	COUNTY STATE
- kin	5	NOI WHILE AT WORK	(ALTIOME STREET, FACTORT, OFF	RE PARM EIC)	(11 04 10 1111	STATE
and and		220.1 certify that (1) (this has	spital) attended the deceased fro	m_1/01/86 19 36	0 1/20/	19 86 that (1) (we) last
7 5		saw the deceased alive	on // 1/20/86	9_86_, and that in (my) our) apinin		nd hour and from the causes stated
D 15 E		27% SIGNATURE	not sew the bady ofter death.	DEGREE		22c. DATE SIGNED
100 =	10	1	70.	ATTENDING		
1337	-	224 PHYSIC WAY'S NAME ITH	JR PRIMI)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1/20/86
ORT OF		(MATI	· /. *		LIV Me	
84 4	-	IFFUIL	10100NCH		likens Ave.	21229
	23a I	SPECIFY)	AL 23b. DATE	36 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
_		Burial	Jan. 23, 1986	Lorraine Pk.Cem.		Balto. Md.
16 60M 7/84		INERAL DIRECTOR	3512 FREN		ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
15, 4)	U.	Iruman Schwa	p # 21	229	AN 2 1 1986	- Havidson-Ashdelle



036035



024075	1.	FOR ITEM Number STATE 1-24-86 & REGISTRAR	er 13e-Per. Ph. DEPARTM	CASTATE OF MARYLAND SENT OF HEALTH AND MENTAL HYPE CERTIFICATE OF DEATH	GIÊNE 0 0 8	6 9
7)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
3 11 /	17166	ALFRED	BROW	N ·	JANUARY 9, 1986	11:50PM
ge 4 may ector po as other d	1.58	Male	Shrek	5. DATE OF BIRTH MONTH BAY BAY BAR SEAR SE	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
by the function of	B C	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET A MAryland Genera.	l Hospital	Baltimore City Baltimore City 12a USUAL OCCUPATION IPE OF JORK FOR MOST OF WARRING LIFE)	MD.
(1)3	1	AL RESIDENCE INF NURSING HOME OR COTATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE 501 West Frank	Linst. 21201
	100	LALENCE "	AIDDLE CAST	Sugar	WIDDIE 3100IW	LAST
- 10 mm		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR		La Nusra	- Die.
	20	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and	(C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s	18		CAUSE (a) <u>Cardiopu</u>	lmonary Arrest		
that the death of the the standing of the theory card of cremation or a card of a cremation or a card of the traumont.	18/8/	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE b) Ventric DUE TO, OR AS A CONSEQUE [c]	ular Arrthymia (Pr	robable)	2 days
A second	2				MINAL DISEASE OR CONDITION GIVEN	IN PART 1 o
Total Control	CERTIFICATION	Severe Dehy	In condition for which		IN CERTIFYII	WERE FINDINGS USED NG CAUSES OF DEATH?
Clan The physics of the control of t	10.7	10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
MISSION orthodog or the burning the burning	MEDICAL	21d. IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDS opported on ECTOR, At differ uses o at Health on 21 is man	13	saw the deceased alive on abave, of (we) (did) (statistic	al) ottended the deceosed from	66 ond that in XX (aur) apinion	6 . ta January 9 . 19 death occurred an the date and hour a	nd from the causes stated
HALDER Jestsche Des Halder Des		22h SIGNATURE	Villaiten	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/15/86
O HOSP		27d PHYSICIAN'S NAME (TYPE OR Parikh, M.D./	Willam Tan, M.	D. C/O Maru	land General Hospi	tal
BP	N.	LIRIAL EMATION REMOVAL		AME DI CEMETERY OR CREMATOR	THE TOTAL TOTAL	COUNTY LASTATE
DHMH - 16 60M 7/84	24. F	INTERAL PRECTOR	ON INIO MODRES	A / A / 25a DA	TE REC'D BY REGISTRAR 256 REGISTRA	1865 Kontono



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1 CUBAU		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATU

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00.	1.55	REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO.	
1 6		EASED NAME OF PRINTI	ATHERIN	E JACQUEI	LINE BR	ÔWN	1-22-86	DAY YEAR 26 HOUR
ra offer o	3. SEX	T Famale	4. RA	White	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 6. YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS, DAYS HOURS MIN.
2 26		THPLACE	REIGN 76 CI	TIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
22	Mar	yland'SA		-//	A. WIDOWE	DIVORCED [CT Balt	cimore City MD
38	ar cit	BA WILLIAZ		NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GIT LULUELS 7		DR'OTHER INSTITUTION	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING L Secretary	126. KIND OF BUSINESS OR INDUSTRY Legal
RE	13e. ST	MD.	Baltimo	13c CITY C		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COC	PETH BLUS 2123
23	III FAT	HER'S NAME Salvat	ore MIDDLE	ACUATOR	rera	CAT Cath	erine MIDDLE JOR'S	Lions
Popes	Idn, W.	AS DECEASED EVER IN S. NO OR UNKNOWN]	U.S. ARMED I	OR DATES)	15-9544A	Mrs. Rita R.	Hooper 1705 Abe	erdeen Road 212
T P P P P P P P P P P P P P P P P P P P	T	8 CAUSE OF DEATH PART I. DEATH WA	(Enter only and S CAUSED BY:	couse per line for (a),	10 PULLA	DAZY NY	8867	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a permit. Then places amove one prior to busial. Cematia dws any Anjury, or other trau	FICATION	90 DATE OF OPERATIO	ediote the last	DUE TO, OR AS A CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR	NSEQUENCE OF	N WAS PERFORMED	INAL DISEASE OR CONDITION GI	IVEN IN PART Ito ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
Amendal Programme 18 st	AL C	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH	HOUR A.M. MON' P.M. 10 PLACE OF INJURY	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
kedo	MEDIC	NOT WHILE	1	AT HOME STREET, FACTORY.	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
of Health of Health 21 is mos		220 I certify that (1) (t	his hospital) a	ttended the deceased	_19aı	nd that in (my) (aur) apinian	death occurred an the date and ho	, 19, that (I) (we) last our and from the causes stated
the State Dept.		THE SIGNATURE	Alle	rlola		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	122 DATE SIGNED
should be	22. 01	RIBUT	NAM	EBNOT	In NAME OF C	22 5 Gran	23d LOCATION	
	151	IRIAL, CREMATION, RI Burial	MOVAL 23E	1-25-86		ly Redeemer	Baltimore City	
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DHMH - 16 60M 7/8 (VRA 15, 4)

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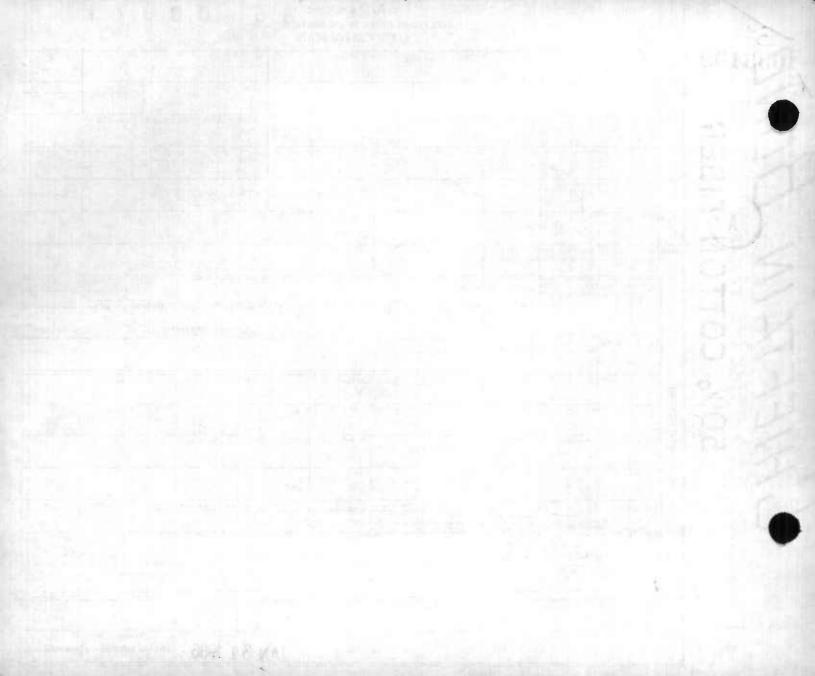
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEA	TH		REG. NO.		
	CEASED NAME FIRST		MIDDLE	·	AST		20. DATE OF D		DAY YEAR	2b HOUR
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3. SE	X	4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARI	DIED [9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	VA.	U.S.	Α.	WIDOWE			BALTI	MORE CIT	Υ,	MD
10 C	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET 4 W. LAFA	ADDRESS)		ION	120 USUAL OC	R MOST OF WORKING		F BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b COU MARYLAND	OR OTHER INSTITUTION		ADMISSION)	136. INSIDE CITY L		13e STREET AD	DRESS / ZIP COL LAFAYE	TTE AVE.	21217
	ATHER'S NAME BURTHON	WIDDLE	HUDNE	LL	DRUSIE			VIDDIE	URBY LAS	1
16a V	NAS DECEASED EVER IN U.S. A	RMED FORCES?	218-22-0		JEANET	TE MCC	CREE 12:	ADDRESS 24 WEST 1	LAFAYETT	E 21217
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	DY'S NO	utym	(A	PR CONDITION G		IMATE INTERVAL ONSET AND DEATH
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MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET		C	ITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	1-30-	19	6 an	nd that in (my) (aur	apinion de	, 10	n the date and ha		that (1) (we) lost causes stated
	DF ME	ulton	MO		PHYS	DING CICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1-3	1-86
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	BURIAL, CREMATION, REMOVA	23b. DATE		FACTI	EMETERY OR CREM	ATORY	23d LOCATIO		COUNTY MAI	RYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has be

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24 FUNERAL DIRECTOR

March Funeral HOmes 1101 East North Avenue

FEB 04 1986

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1-31-86

IF UNDER 24 HRS

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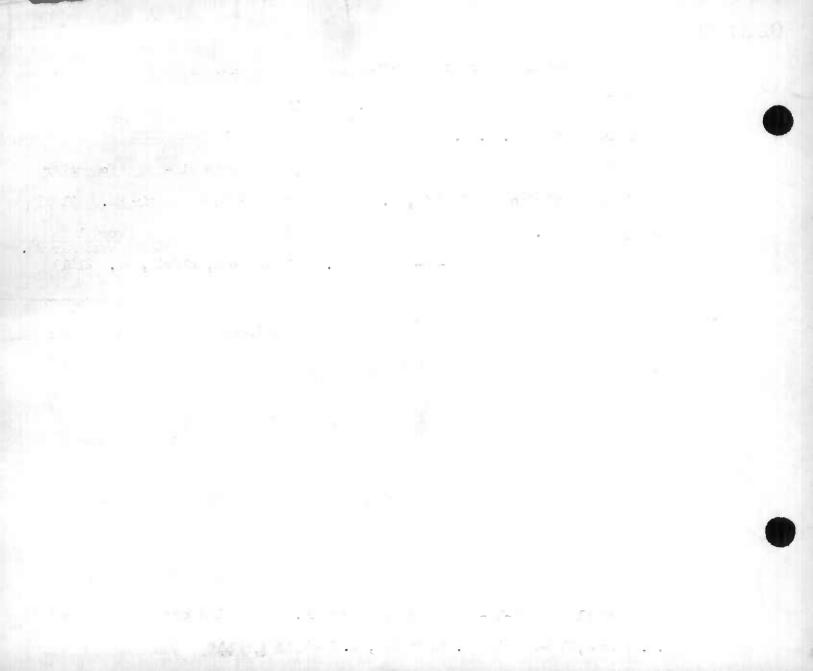
2431 Maryland Avenue, Balto., MD

22c DATE SIGNED 1.27:86

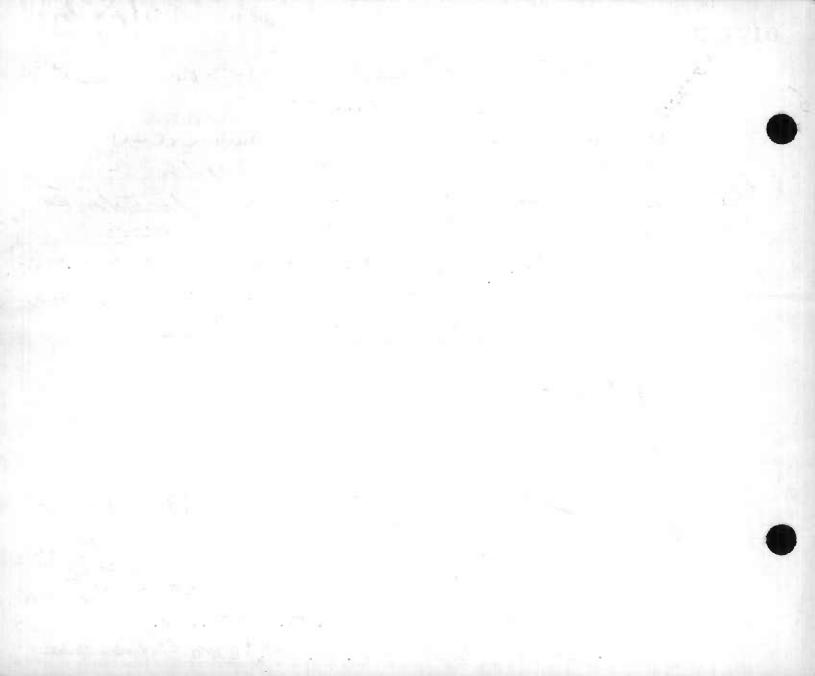
230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY MD STATE Balto., Cremation 1/27/86 Green Mount 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) 4905 York Road Balto., MD 21212

Dr. Ellsworth E. Cook, MD

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ge 4 ma ector. po		3 562	emale	1. RACE S. DATE OF BIRTH MONTH DAY YEAR 12 21 021			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 2. MONTHS DATS HOURS YRS.				
Jeath. Po	15		RTHPLACE (STATE OR FOREIGN PUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED DIVORCED	Baltimore City or Coun	TA MD.			
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n signed Then ple r ta burio injury, ou		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 100			
he law r in has been the permit rene prior	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	UNLIE CLASSIC PORCER	YES, WERE FINDINGS USED PTIFYING CAUSES OF DEATH? YES \to \to \to \to			
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Spital or CTOR: A for use of Healt		3	saw the deceased alive a	pital) attended the deceased from	0/	d that in (my) (aur) apinion	death accurred on the date and h	. 19 6, that (I) (we) last about and from the causes stated			
TAL OR , y the ha RAL DIRE detached tate Dept			226 SIGNATURE Revel a 1	Redmin m.	٥.		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED			
O FUNER Hould be with the St APORTAN	1		BALL A R	eldinan m	0	611 8. C	HAVE LES ST	BALT M.D.			

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

1/17/86

23c NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.

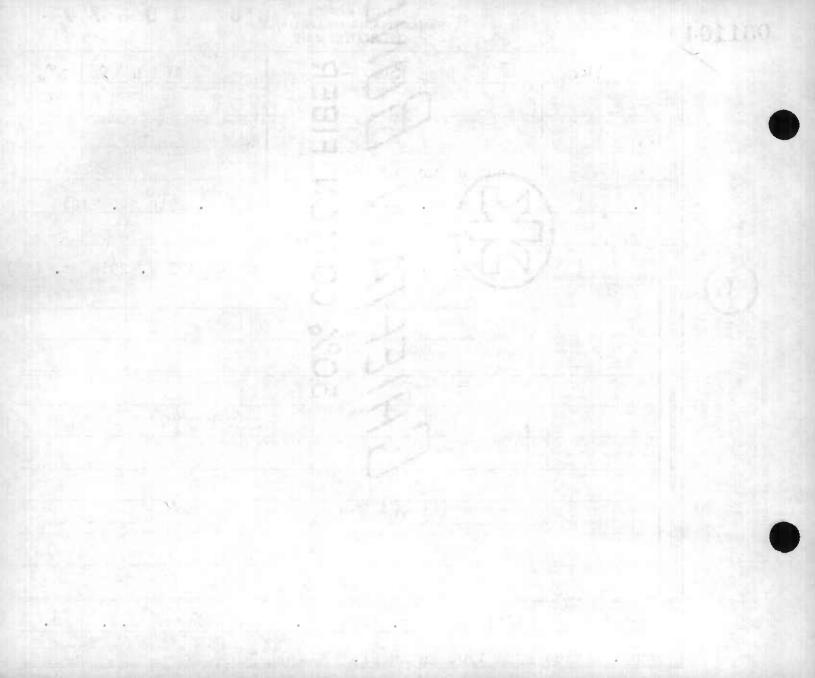
Lansdowne

A.A.

 $\text{Md}^{\text{STATE}}_{\:\bullet}$

24 FUNERAL DIRECTOR Rice FSPA 1300 Butaw chas.

250 DATE REC'D BY REGISTRAN ISL REGISTRAN'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTS RENEE BROWN JANUARY 8. 1986 3 SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY YEAR 50 TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR DOMESTIC BALTIMORE JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 3a STATE 255 APRENTINGOET. 21231 BALTIMORE 13d INSIDE CITY LIMITS? MARYLAND NO F FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE BURRELL VIRGINIA BRISCOE JAMES WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 220-54-6476 VIRGINIA BRISCOE 306 E.231/2 STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MASSIVE INTRACEREBRAL BLEEDING DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse iai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINER P.M. 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE The Corner of the Man haspital attended the deceased from TANIIARY 4 86 to TANHARY TANUARY 8 19 86, and that in (my) (aur) opinion death occurred an the date and have and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NA 22e ADDRESS CHURCH HOSPITAL CORPORATION BROADWAY BALTIMORE, MD. 21231 A. M.D. 100 N. WALKER 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION BURIAL CITY OR TOWN

EASTVIEW

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

WM.C.MARCH F/H INC. 1101 E. NORTH AVE.

1 - 14 - 86

MARYLAND D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BALTIMORE

DEPARTMENT OF HEALTH AND MENTAL TYGIENE FOR - STATE 022027 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN [MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

WERESTON STREET, D. Sr. DEATH MATED Richard 15 19 86 Brown 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:25P Male White DEAD 15 1986 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA . Virginia 1, 2, AND 3 TO THE FUNI M. 3. RETAIN PAGE 5 FC D. 2 SHOULD BE FILED, WI MAL RECORDS, 201 W.P. DIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Mechanic. 2312 Fleet Street Balto.Md. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d INSIDE CITY LIMITS? 13.2312 E.Fleet 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Powell George Ruby Brown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Balto.Md.21207 (YES, NO, OR UNKNOWN) 236-60-6433 No Mr.Jimmy Brown.6737 Fox Meadow 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION E DEPARTMENT OF HEAD O 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED head Only 210 EXTERNAL CAUSE WAS ICATE, WRITING THE WAS FORWARDED TO THE TOR: PAGE 3 SHOULD B 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNER LIBECTORE. PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MnAssistant 1/16/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Crestlawn Mem. Gardens Howard Co, Maryland 18/1986 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1230 Fort **DHMH - 17** in sussifican " of (VR A15 ME (5))

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	REGISTRAR				4011111	ICATE OF DEATH	REG. N	10.			
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	Maryland			S.A.	WIDOWE				e City		M
10 C	CITY OR TOWN OF DEAT	H		10SPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINE	SSOR
1	Baltimore		Men	rcy Hosp	ital	Redail Bally	V.P. & B	ank Of			f E
	STATE	G HOME OR		GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P COD	ne .	200	
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	Charles		WIDDIE	LAST		FIRST	MIDDLE		Cal	AST	7
160	WAS DECEASED EVER II	NIIS AR	A.	Brunn		Emma 17 INFORMANT	ADDR	FSS	sen	lebel	Τ
	(YES NO OR UNKNOWN)		E WAR OR DATES)								
	No			217-14-	1682	Irma P. Br	unn 1413 G	Lenda]			
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DHMH - 16 60M 7/8-(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT

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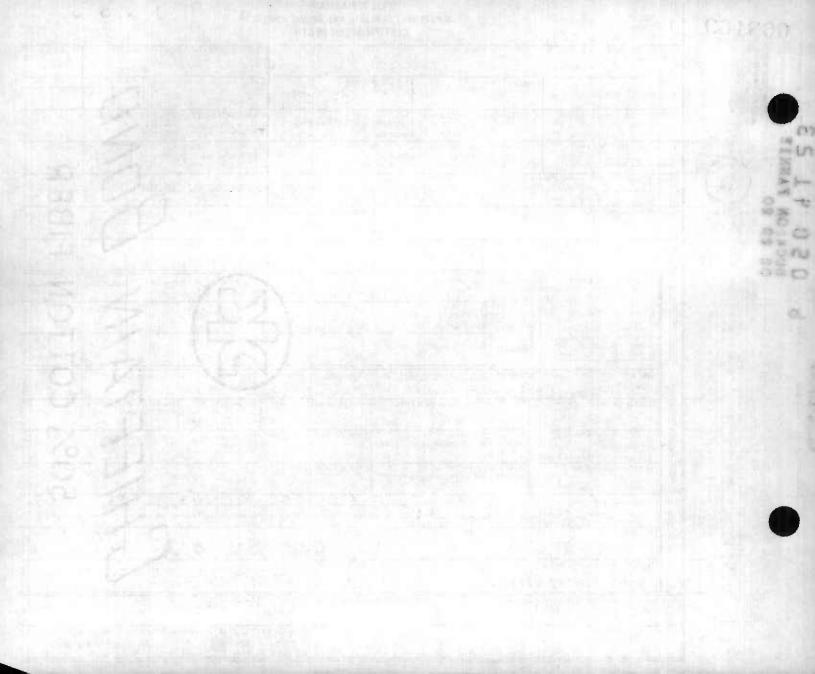
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STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE FOR STATE CERTIFICATE OF DEATH

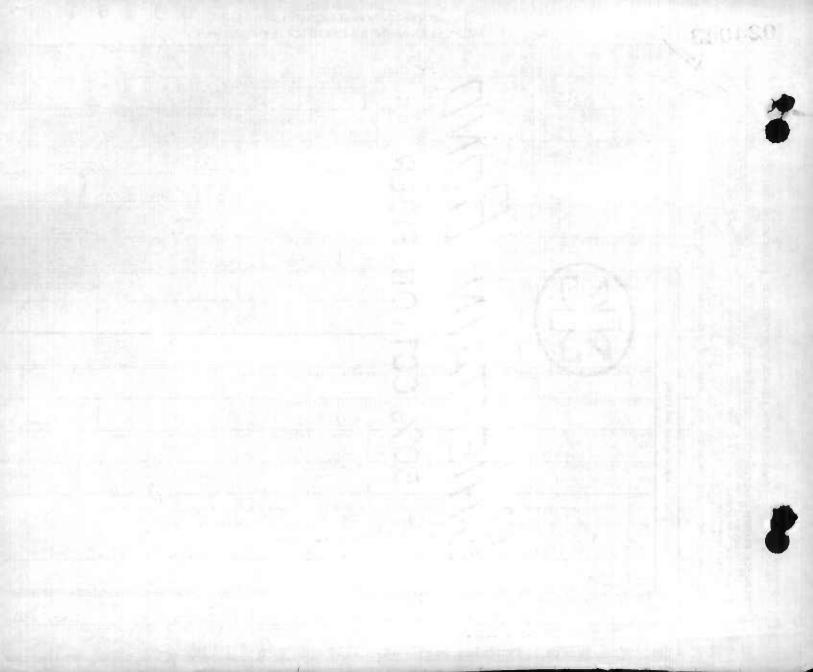
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REGISTRAR				REG. NO).			
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3 SEX	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS	R I YEAR	HOURS MI
FEMALE	WHITE	2 18	21	64	YRS			
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10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	AL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17 YE OF WORK FOR MOST OF WORKING LIFE)						F BUSINESS C
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18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (a), (b)			- 10,100			APPROXI ETWEEN C	MATE INTERVAL
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THE STATE OF THE S	ED AN THE OF BUILDIN	Tal Howell	W.DV. & C.C. (D.C.	YES NO		ES 🗌		NO 🗆
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AT WORK AT WORK		1710771			12/86			
	spital) attended the deceased from $\frac{11/12/85}{1}$. 19	eath occurred on the do	13/86	. 17		hot (1) (Xe) lo
obove, (I) (M) (Md) (did	on 11/12/85 14 not) view the body ofter death.		(обг) ориноп а	eoth occurred on the do	te ona no			
22 SIGNATURE	20.00.	DE GREE	TTENDING	MEDICAL STAF	F	22	DATE :	14/86
27 DPHYSICIAN'S NAME (TYP	Lilaen	22e ADDRES	HYSICIAN A	DIRECTOR PHYSIC	IAN []		1/-	14/00
MAN SICIAIN SINAME (199	E OR PREMIS	TZE ADDRES						
Laurence Gal			gnes Me		or			
23a BURIAL, CREMATION, REMOV. (SPECIFY)	and the second s	30 NAME OF CEMETERY OR		23d. LOCATION CITY OR TOWN		COUN		STATE
Burial	1/17/86	Greenmount U.1						Md.
24 FUNERAL DIRECTOR	ADDRE	21229	250 DATE	AND BY BEGISSE	25b. REGIS	TRAR'S	IGNATI	ORE,
Hubbard Funeral	Home, Inc. 410	7 Wilkens Ave.			100			

STATE OF MARYLAND



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	33535	Mai	ryland		U.S.A.		WIDOW	ED DIVOR	CED 🗆 Ba	ltimore	City		MD.
1	50年出	JII CI	TY OR TOWN O	DEATH		PITAL, NURSING HO		ER INSTITUTION	120 USUAL OCC		OF WORK 12	26 KIND OF BU OR INDUST	
	対象を	R	altimore	2		St. & Che		11 Rd	Barmaio		4	108 Bar	(1)
	OENTON				OR OTHER INSTITUTION GIV							100 Dai	
21201	支9至夏86人	13a S		13b. COUI		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADD			0.	1000
.2	T A SECTION		ryland	Balt	imore	Dundalk		YES NO X		dhaven	Road	۷.	1222
×	E	18. FZ	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
100	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jos	seph		F.	Bunk		Marlene		T.		Gerver	
WO	Backs		VAS DECEASED		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
5	S S S S S S S S S S S S S S S S S S S	No	,,	17 (11 123, 014	E WAR OR DAILES	212-78-7	7547	Marlene	T. Bunk		Same	as 13e	
- 2	SERVE	ALV.	18 CAUSE OF	DEATH (Enter o	nly ane cause per line							APPROXIMATE	INTERVAL
15	OF SER	-	PARTIDEA	TH WAS CALIST	ED BY: ATE CAUSE (a) Cr			במוובא				BETWEEN ONSE	AND DEATH
6	MEGES	/	VIh	IMMEDIA		AS A CONSEQUEN		Launa					
100	A TELE		Conditions	if any, which		AS A CONSCOULA							
- 2	TAR SERVE		gave rise	ta immediat	e / (b)								
*	ON AND		lying cause	ating the under	DUE TO, OR	AS A CONSEQUEN	CE OF						
20	ENDER S				(c)		11.50				20.00		
DIVISION OF VITAL RECORDS	BE DECUTE NDING" IN WEDICAL EX AS A BURIA ALTH AND A CREMATION		PART 2 OTNER SIGN	FICANT CONDITION	S CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE	FERMINAL DISEAS	OR CONDITION GIVEN IN P	ART 1 to				
8	PENDIN F MEDIC F MEDIC FED AS A HEALTH	S S											
2	DE SATI	CERTIFICATION	190. DATE OF C	PERATION	196 CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY	,
¥.	55±845	Ĕ	1 1500		Commence of the							YES 🗆	NO F
2	CERTIFICATE SHITING THE WORD DED TO THE COMMENT E 2 SHOWIND BE E DEPARTMENT OF PRICE TO BAY	ER	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	21c. Hf	OW INJURY OCCURR	ED LENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART		140 00
0 2	SHERE	3	UNDERLYING	⊠ OR			EAR						
9	85-1486 15-1486	ğ	214 INJURY OC	CURRED CAUSE OF	DEATH 4:30 P.M.	$\times 1-20-19$	86 Pa	ssenger of	auto/tra	actor ti	calle	r colli	sion.
2	WRITIN WRITIN MARDED AGE 3 S ATE DEP	T				ORY, FARM, ETC.)		TREET	CITY OR	TOWN	COUN	NTY	STATE
- 4	E, WRITCH WARDE WARDE PAGE 3 STATE D		AT WORK	NOT WHILE	ro	ad	Han	over St. 8	Cherry	Hill Rd	., Ba	lto. Ci	ty, MD
	ATE. PATE.		22a. I certify	that I took char	rge of the remains desc	ribed abave, held a	n Autop	sy . Inspection	an X Inqui	ry . and	d in my apin	nian	
	MANNER FEAT FT THE FT T		death resulted	from Nati	ural causes 🔲 🛮	Accident X	Suicide	. Homicide .	Undetermined				
> 4	EXAM CERTIL DIREC WITH		/	1	N4/1	11/	1	THELE (SPECIFY)	0.1001011111100				
	20325.≶		ACTUAL	Ulli	wie to	rynn/1	My)	Assistar	+		DATE	1-20-8	6
	SES SES	1	SIGNATURE			0	M	D ASSISTAL	MEDICAL EX.	AMINER	SIGNED	1-20-0	0
	MED A PORTE		EXAMINER'S N	AME DE	ennis F. S	myth, M.D		111	Penn St.	, Balto	. , MD	21201	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE, M	0.2	(TYPE OR PRINT	/				ADDRESS					
	- MG - 40	(5	JRIAL, CREMATI	JN, REMOVAL		23c. NAME OF			23d LOCATION		COUNTY		ATE
07/84 25M	BP		rial		1/24/1986	Oak L	awn Cer		Baltime			Mary	land
Zəm	DHMH - 17	24 FL	NERAL DIRECT	Duda-	Ruck, Inc				REC'D. BY REGIST		TRAR'S SIC	GNATURE	
	(VR ATS ME (5))	70	22 Wisa	Avenue	Dundalk	Marylan	d 212	22 11	N 22 109	6	Files.	a The store	



STATE OF MARYLAND

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1	1 STATE		DEPARIM	IENI UF H	EALIH AND MENIAL HTG	IENE				
1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO				
1	1. DECEASED NAME FIRST	M	NIDDLE	L	AST		MONTH	DAY	YEAR	2b HOUR
Г	SAMUEL		-	4	308622		1	24	86	2169
ŀ			F.			1.105	-	-	_	0.21
3	3 SEX	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DATS	HOURS MIN.
П	MALE	Wh	te	11	10 02	82	YRS			4 1
17		CITIZEN OF V	WHAT COUNTRY?	8	- C NEVER WARRIED C	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH	
1	COUNTRY)	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED D	Baltin	nore	City	,	M
t			-		OR OTHER INSTITUTION	12a USUAL OCCUPATI				F BUSINESS OR
Ł	March	LIF NOT IN SUCH	FACILITY, GIVE STREET			TYPE OF WORK FOR MOST O		LIFE) IND	USTRY	
4	DSUAL RESIDENCE (IF NURSING HOME OR OT	JEJON	01.0.	MAN	JUY	Retired	1			
1	110. STATE 136 COUNTY		13c CITY OR TOW!	V	134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
4	Maryland -		Baltimor	e	YES 🔀 NO	3964 Falls	Roa	.d. 2	1211	
ľ	4. FATHER'S NAME	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAS	.7
1	Oliver		Burgee		- FIR31	***************************************			Bucc	
Ť	160 WAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECUI	RITY NO.	17. INFORMANT	3964 I	55	Doo	a	
1	(YES NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	220-05	7 1010	Carlyle Burg	gee Baltin	nore	Md.	21	1211
F			7	10 00	July Dury	900 20-02	,			MATE INTERVAL ONSET AND DEATH
Т	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I		line for iol, (b) one	Apast	il - a				BETWEEN	DNSET AND DEATH
П	IMMEDIATE	CAUSE (a)	caracio	respu	MITMY acresT				144	
ı		DUE TO, OR	AS A CONSEQUE	NCE OF	1 2 0 0				11	
П	Conditions, if any, which	(b)	acute (1	Myoca	evela organ	utur			IN	{ ·
1	gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF	0					
П	underlying cause lost.	(c)								
ı	PART 2 OTHER SIGNIFICANT CO	NOTIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN	PART 10	0
П	Z C	Pulm	onary E	mel	Michael -	3475				
1	190 DATE OF OPERATION				N WAS PERFORMED	120a XUTOPSY?	20b. IF Y	ES, WER	EFINDIN	NGS USED
4	04	- 11				1,500		_	CAUSES	OF DEATH?
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21h TIME OF	F IN II IPV		21c HOW INJURY OCCUR	YES NO	_	YES [0.07.2)	NO [
1	OR CONTRIBUTION CONTRACTOR DE VILLE	LICUID A A	M. MONTH DA	Y YEAR	THE HOW MAJORY OCCORN	LEWIER WATORE OF INJU	KT IN HEM TE	S PART I OR	PARI 21	
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A		19						
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE C	OF INJURY BET, FACTORY, OFFICE FA	ARM. ETC)	211 LOCATION STREET	CITY OR TO	wN	co	YINU	STATE
ı	AT WORK NOT WHILE									
П	22a.1 certify that (1) (this hospital) ottended the	deceosed from_		17 19.86		_	. 19	10	that (I) (we) los
1	sow the deceased alive on	1/24	19	6.01	nd that in (my) (aur) opinian	death occurred on the de	ote and ha	our and f	rom the	couses stoted
1	above, (I) (we) (did) (did flat) (view the body o	offer deoth		DEGREE			22	CADATE	SIGNED
	Van it	. Du	9		ATTENDING _	MEDICAL STA		,	120	1
1	22d, PHYSICIAN'S NAME (TYPE OR P	7 cui	~		PHYSICIAN [DIRECTOR X PHYSIC	IAN []	14	1-9	WI
	ALAA.	04141.		2	1 50 . 11 /	21.01	1 1 21	1,1		
	VITIIVIE	PIII	74/41		1 Salla Hais	111111111111111111111111111111111111111	m.V	My.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE 23a BURIAL, CREMATION, REMOVAL Burial 1/27/86

74 FUNERAL DIRECTOR A. Alan Seitz Funeral Home

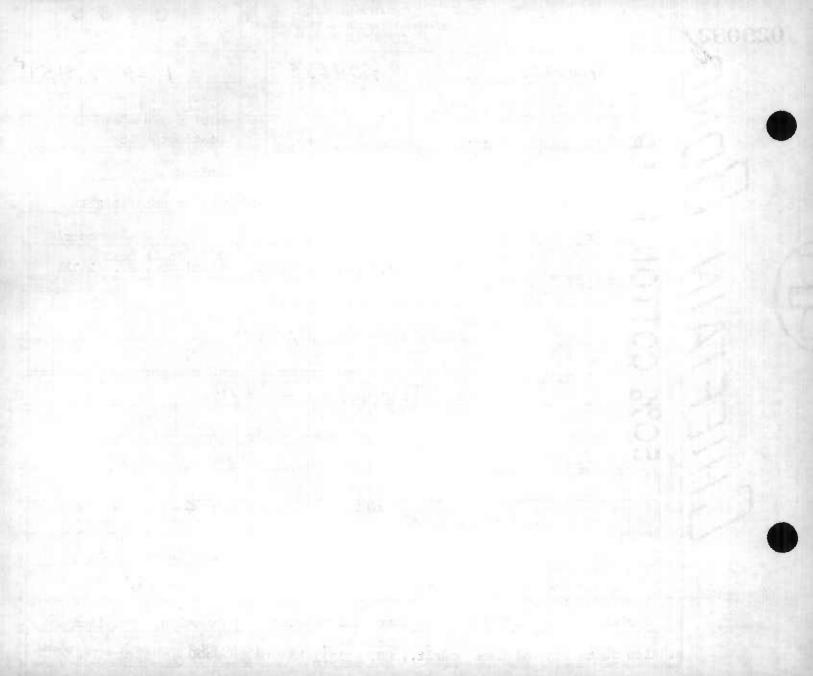
Cedar Hill Cemetery

23d LOCATION

Maryland

Brooklyn,

3818 Roland Ave. Balt., Md. 21211



	1	500	DCD.	STATE OF MARTLAND	0 0 0	0 5 0
02305	1	FOR STATE REGISTRAF	UEP/	ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	
	1.0	ECFACO NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
be of h	(1)	EDWAR	n I	BURGET	JAN IS	1987
10.	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
director. p Yours offer.	3	M	W	JUHE 12 1902	. 83 YR	MONTHS DAYS HOURS MIN.
derects hours c	10-8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	9. BALTIMORE CITY OR COUN	
within 72 h		PA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	E CITY ME
26 will	10. C	ALTO	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (Type of work for most of working	126. KIND OF BUSINESS OR
be filed		AL RESIDENCE (IF NURSING HOME		EFORE ADMISSION)	IBNATE MA	PADAN
should be find in the must be	13a	MD 136 COL	JNTY 13E CITY OR	13d. INSIDE CITY LIMITS? YES NO	36 IN EAG	LE ST das
	14. E.	THER'S NAME	ANDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LACT
ld wo		MARTIN I	4. BUR	GET MINNIE	MAE S	HIFFLER
~ 0	16e '	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFORMANT	ADDRESS	
		70 -	- 1631	-8943 KAREN N	EAD 3/34/90	FIDERKYS
physician an papers. P emoval. event, the m		18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b)	ond ic	1 +0 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
00000			ATE CAUSE (o)	Timb // Nocurdi	ul Interctu	n 2 hours
attending physician corbon paper stranger of the corporation, or removal roundities event, the			DUE TO, OR AS A CONSI	EQUENCE OF / /		10 -
nave		Conditions, if any, which	(b)	HYPENOS UCLISTIC.	Cercli Ovascula.	Vispene 5 Yell
the emo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	EQUENCE OF		
of con		underlying cause last.	(c)			
en plant	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	GIVEN IN PART 1101
1 - 0 4	CERTIFICATION		Cone	stire being te	elline	
584 80	S.	190 DATE OF OPERATION	196 CONDITION FORWE	TICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
2204	E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	a. How hillies occur	YES NO	YES NO
9 1 10	_	OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
5 5 5 E-1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
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ark or the		AT WORK AT WORK				
R S B E			pital) attended the deceased from		, to	, that (I) (we) lost
5222			not) view the body after death.	9, and that in (my) (our) opinion	death occurred on the date and l	haur and from the causes stated
D ORE Dept		22b. SIGNATURE	1	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
			y Love	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
FUNERAL Life State ORTANT		224 PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS		
APORT APORT		Jef	Mey t. Co.	18 MD 3435	W. ITTens Ar	P 21229
1 5313	23 o.	SURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
P	F	URIAL	1/20/86	LORRAINE PK	WOODI ALON BA	-LTO MD
16 50M 4/83	24 F	INERAL DIRECTOR	1	5311 25a. DA	TE REC'D. BY REGISTRAR 256, REG	STRAR'S SIGNATURE
(15, 4)	W	ERER FUNET	CAL HAME E	MONDGON AVE IAN	121 1986 Julian	Vavidoon-Manager
		1	1 1 1 1 1 1	THE THE PARTY OF T		

LV Area and a series of the se

31152	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYS ICATE OF DEATH	IENEO O	088	1
31.100		CEASED NAME FIRST VERNON	D	BURKER	AST	2a. DATE OF DEATH	01/27/86	26 HOUR 6: 15am
1000	3 SE	X	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THO AY) IF UNDER 1 YEAR	R IF UNDER 24 HR5
2 34		MALE	WHITE	1 2	DAY YEAR	72	MONTHS DATS	HOURS MIN.
(1)	To B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY2 8		9 BALTIMORE CITY C	PR COUNTY OF DEATH	
是 "别人的石		Maryland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE	CITY	MI
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME		170 USUAL OCCUPAT		OF BUSINESS OR
4 43 40		LTIMORE CITY	St Acmo	es Hosni	tal	Technicia		Electri
2 32 800	USU 13n	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		LIECLI
A 15 100		Maryland		imore	YES X NO		echfield Ave	nue 212
othin 2 sh	14. E.	ATHER'S NAME	MIDDLE LA	12	15 MOTHER'S MAIDEN NA/	WE		AST
ed w		Harry		Burker	Edna	WIDDLE	t.	Deal
Poges medical		WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDRI	ESS	21229
n and n Poges		NO		05-3979	Margaret T. F	Burker 710	S. Beechfiel	
on. has been signed by the attending permit. Then please remove cortene prior to buriol, cremation, or owe only injury, or atter troumating.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause io), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR V	IG TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN IN PART I	INGS USED
hysici ronsi ronsi Hygin Hygin 18 sh	A.	210 ACCIDENT WAS UNDERLYING		H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
SICIAN: ng physicertificat orial-tran tental Hy them 18 s	CAL	OR CONTRIBUTING CAUSE OF D	28111	19				
G PHYS ottendir ter this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TENDIN or use a of Health		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	per / mg	101	nd that in (my) (our) apinion o	leath occurred on the de		, that (I) (we) los e couses stated
rat OR ATTE y the hospito AL DIRECTO detached for ote Dept. of h		276. SIGNATURE	ns			MEDICAL STA	FF . /-	-7786
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT: F		22d. PHYSICIAN'S NAME (TYPE	H William	1	22e ADDRESS	gres &	my.	
H O H O H								
show with	230	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	AND LOCATION	COUNTY	STATE
Bb Order M		BURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR	1/30/86	Loudon	Park Cemetery	Baltimore	COUNTY N	laryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

	1 -	STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF	DEATH	REG. NO				
6		CEASED NAME	FIRST	٨	AIOOI E	L	AST	PART BY	20 DATE OF DEATH	HINON	OAY YEAR	2b. HOUR	
			George		R.	Burn	eister	2	January 3,	1986		10:29A	М
	3 SE)	(4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTI		MONTHS DA		
	Ma	le		White		Feb	-	1912	73	YRS		TOOKS MIN	
6		RTHPLACE (STA			WHAT COUNTRY?	8 MARRIEI	XIEVER	MARRIED -	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
2	I	larylar	d	U.S.	Α.	WIDOWE		NORCED [Baltimore	City			ND.
1	10 CI	TY OR TOWN O	FDEATH		HOSPITAL, NURSIN		R OTHER INS	NOITUTION	120 USUAL OCCUPATIO			OF BUSINESS O	R
		ltimore	-		Scott Ke		lical (Center	Plumber-I	Pipe	Fitt	er	
C	U5U/ 13a S	TATE	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE (CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
2	Ma	ryland	Bal	timore	Edgemere		YES 🗌	NO 🔀	7830 Dento			212	19
21	7	THER'S NAME		MIDDLE	LAST .			'S MAIDEN NA	AME CMIDOLE	4.1	-	LAST	
16		rederi		₩.	Burmeis		A	nna	υ.		В	ruhl	
2	587	VAS DECEASED I		MED FORCES?	166 SOCIAL SECUI		17 INFORM		ADDRES		D .		
4	1	les	WW	11	214-03-	4053	Rose	E. Bu	urmeister 7	1830			
	10	18 CAUSE OF E	DEATH Enter on	ly one couse per	ling for (a), (b) / no	l (c)	wie.	-Ima	Inilus	0	BETWE	OXIMATÉ INTERVAL EN ONSET AND DEATH	
				E CAUSE (a)	Corner	yug	yur	arry	januri				_
				DUE TO, OF	AS ACONSEQUE	- 40	11110	Pand	linesaculi	ens	Dist	are	
		Conditions, if gove rise to		(b)	KAYEN	een	euu !	Cecia		- L		-000	-
		couse (o), underlying		DUE TO, OF	R AS A CONSEQUE	NCE OF	un Co	andle	al Inta	reli	on		
		DART 2 OTHER	CICALIFICANIT	(c)	NITRIBLUMIC TO D	F ARL IN F	A DE LAYER	TO THE YEAR	MINAL DISEASE OR COND	710-1-0-11	5-1-0-1-0-1-0-7		=
	Z	PART 2 OTHER	LIA I	Toller	Mel	till	MINELAIEI	D TO THE TER	MINAL DISEASE OR COND	IIION GIV	EN IN PARI	Hai	
1	CERTIFICATION	190 DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	DRMED	20a AUTOPSY?			DINGS USED	-
7	LIFIC	100							YEST NOT		YING CAUS	SES OF DEATH?	
1	CER	21a. ACCIDENT WA		216. TIME O		V V5.18	21c. HOW IN	NJURY OCCUP	RRED (ENTER NATURE OF INJURY				_
1	AL		MEDICAL EXAMINER	(IH	M. MONTH DA	19							
	EDICAL	21d INJURY OC	CURRED	21e. PLACE C	OF INJURY		211 LOCATI		CITY OR TOW	rN.	COUNTY	STATE	
	2	WHILE N	OT WHILE	(AT HOME, STR	EET PACTORY, OFFICE PA	IRM, ETC.)	SINCE					JINIL	
		220.1 certify the	at (1) (this haspi	tal) attended the	e deceosed fram			, 19	, to	,	19	_, that (I) (we) la	st
		sow the de above, (1) (v	ceased olive on we) did (did no	t) view the body	after death.	, an	d that in (my) (aur) apinion	deoth occurred on the da	te and have	r and from t	he causes stated	
		226. SIGNATUR	2011	1/4/	1.1130	le	DEGREE	137515016	ALERICAL STATE		771. DA	TESIONED	
			un	aly) t.	and y	/	0000	ATTENDING PHYSICIAN	MEDICAL STAF		1	13/84	
1		22d. PHYSICIAN	S NAME (TYPE O	RPRIMI)	ONYE	7	22e ADDRES	SS			17		
		CL11,	4 Gel	MINI	4500)							

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT. IF HE

BP

230 BURIAL, CREMATION, REMOVAL Jan. 6, 1986

234 NAME OF CEMETERY OR CREMATORY
Oak Lawn

Baltimore

STATE

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundal

Dundalk, Maryland 21222 25a DATE REC'D. JAN

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Peb. 72. 1912 TE MEDICAL PROPERTY OF THE PERSON OF THE PER

Brelver

Entertain No. Entertain No. 1 No. 10 Action

Yes Wil II 211-17-10 to some 3. The eleter 7850 Dector for.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A'E,	4	REGISTRAR				CERTIF	ICATE OF D	LAIN	REG.	NO.		
(CEASED NAME	FIRST		MIDDLE	2 0	AST	Del 73.1	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
-	1	L. OKPRINI)	ARRY		15	BURN	5		Janua	ry 13	. 1986	10:55p
	3.58	X	-	4. RACE		S. DATE C		WEST 3	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
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4	1	COUNTRY)		U.S		WIDOWE	D NEVER M	ORCED	BALTIMOR	E CIT	v	м
9/1/	10 C	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C			12a. USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OF
16		BALTIMORE	1		TO AT CEN		AT TTMOD	E MD	(TYPE OF WORK FOR MOS	OF WORKING	(INDUSTRY	
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100	14 F	THER'S NAME	4	Total .	Tre. now	aru	15 MOTHER'S			.u nos	sp. 21032	
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0		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	URITY NO.	17 INFORMAL	VT.	ADD	RESS		CONTRACTOR OF THE SECOND
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į.		THE RES	MARCOIA		R AS A GONSEOU	ENICEOE	0	1	,	20-9		
of the same		Canditions, if any	which	(ib)	//	Kia	· los	and	1000		48	0
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100		underlying cause		(6)	llan	ENCE OF	GI	Blee	d		172	0
ò		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN PART 1	0
à l	S S	The state of the			-	BH N						
50	CAT	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?		YES, WERE FINDIN	
3	1	The second							YES NO		TIFYING CAUSES YES	NO [
1	1 8	21a. ACCIDENT WAS UN	_			AV VEAD	21c HOW IN.	IURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PART 2)	
19	1	OR CONTRIBUTING		117	M. MONTH D.	AT TEAK						
/	MEDIC	21d. INJURY OCCUR		21e PLACE	OF INJURY	75.75	211 LOCATIO	N	CITY OR		COUNTY	STATE
2"	×	NOT W	HILE	(AT HOME STE	REET, FACTORY, OFFICE, I	FARM ETC	SIREET		CITTON	OWIN	Coorti	JIAIL
Ē	1	22a.1 certify that N		tol) attended th	e deceased from_	Janu	arv 7	19 86	to Januar	v 13	. 19.86	that X (we) las
2			ed alive an	Januar	rv 13 198		nd that in (n 🐼) (aur) apinian d	death accurred an the	date and h	aur and fram the	causes stated
-	1 /	THE SIGNATURE	aid) (disk isk	O ()	after death.		DEGREE				22C DATE	
= .	1	L Re	lu	CH	ms 1	W		TTENDING THYSICIAN	MEDICAL ST	AFF	1/	14/86
3	1 (THE PHYSICIAN'S N	AME (TYPE C			. 0	22e ADDRESS		J DIRECTOR FITTS	CIAITE	-	11/00
PORT	1	PET	ER	C _	INNIS		3900	Loch R	aven Bld.	Balti	more MD	21218
± 1		BURIAL, CREMATION,	REMOVAL	23h DATE	23c 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
-		Remo	val	1/15/	86	5 60						Grand Co
7/84	24. F	UNERAL DIRECTOR	100		ADDRESS .	- 1.		JAN	E REC'D. BY REGISTRA	R 25b REGI	ISTRAR'S SIGNAT	URE
)	1	Ana	tomy I	Board		Balto.	., Md.	JAN	4 1 1986		mille 20	1.00

014113	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE O	0891
1 75 /	DECEASED NAME FIRST	MIDDLE	BURRELL	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
pe 4 may in the control of the contr		Block	5. DATE OF BIRTH MONTH DAY YEAR 2 2 6 2 2	6 AGE (IN YEARS LAST BIRTH	The second second second second
Array day	DE BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY)	. CITIZEN OF WHAT COUNTRY $\mathcal{N} \mathcal{S} \mathcal{A}$		BALTIMORE CITY OR	COUNTY OF DEATH
s offi	BACTIMORE	(IF NOT INVESTED FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION EET ADDRESS P 1 7 A L	170 USUAL OCCUPATIO	
filled in rould be	USUAL RESIDENCE (IF NURSING HOME OR OF 138 STATE	Y II3 CITY OR TO		13. STREET ADDRESS	BRUCE ST
mpletely ond 2 st	DAVID PERRY	DDLE LAST	15. MOTHER'S MAIDEN NA 41-68 B		LAST
Poges 1	(YES, NO OR UNKNOWN) (IF YES GIVE	ED FORCES? 16b SOCIAL SE WAR OR DATES!	CURITY NO. 17 INFORMANT /27 LORRAY	PERMY.	SIZO LAUREL A
erdificate b	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY			APPROXIMAYE INTÉRVAL BETWEEN ONSET AND DEATH
that the death ce at by the mental care districted at the pumple	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSECUTIVE TO, OR AS A CONSECUTIVE TO, OR AS A CONSECUTIVE TO THE TOTAL TO THE	pstive Heart to	ilure	
there is		ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	ninal disease or cond	ITION GIVEN IN PART 1 0
he low on the low of t	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
g physic	OD CONTRIBUTION CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18. PART I OR PART ?)
tr this can work the burner ond Me ed on 1	(IF EITHER NOTIFY MEDICAL EXAMINER) 716 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	E FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE

TO FUNERAL DIRECTOR. After should be deteched for use os with the Store Dept of Health of MPORTANT: If them 21 is mor TO HOSPITAL BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

EL

77k SIGNATURE

220 I certify that (1) (this hospital) attended the deceased from

sow the deceased alive on _____

23c NAME OF CEMETERY OR CREMATORY ARRUTUS you PK

77e ADDRESS

DEGREE

Baltimon

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR | PHYSICIAN

23d LOCATION
BALLY OR TOWN 21227

19 0 5

_, that (I) (we) lost

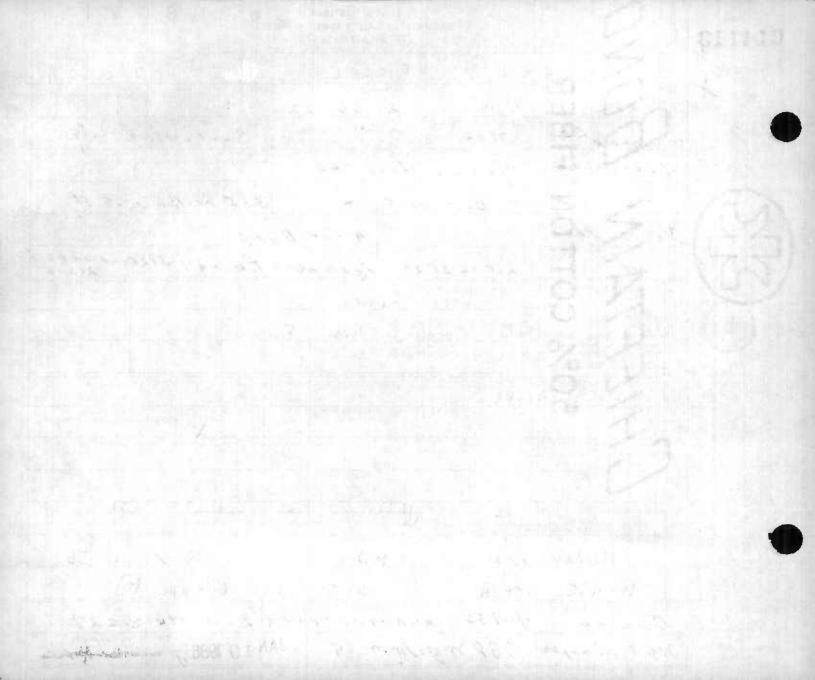
6

STATE

221. DATE, SIGNED

ATTENDING

PHYSICIAN



014147	STATE OF MARYLAND O 0 8 9 2 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.
/	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
poge 3	Wayne E. , NuRRIS 1- 3-86 7.5/AM
offer.	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. DATE OF BIRTH MONTHS MONTHS MONTHS YRS. 4 RACE 1. DATE OF BIRTH MONTHS
deoth. Page uneral direct hin 72 hours	76 BIRTHPLACE MATE TO THE COUNTY OF WHAT SOUNTE STATE OF WHAT SOUNTY OF DEATH WIDOWED DIVORCED DIVORCED MARRIED MOVED MOVED MOVED MOVED MARRIED MOVED MOVE
by the filled with	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY) None (Tnfant)
filled in rould be	Maryland Solution
ompletely ond 2 sh	Allen Edward Burris, Jr. 15 MOTHER'S MAIDEN NAME Refrest Refrest A. Martin
n and co	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 161 YES, GIVE WAR OR DATES! - Rebecca A. Burris, 937 Herndon Ct. 21225
gred by the control of prices of pri	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF UNDERTOR OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1to
te for other of the form of th	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
SICIANI TO Physics of the second seco	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
MG Phy other than the order or the day	AT WORK AT WORK
ATTENDATE OF SECTION O	270 Lecrtify that (1) (this hospital) attended the deceased from 200 1985, to 300 1985, that (1) (we) last saw the deceased alive an above, (1) (we) (did) (did nat) view the body after death.
TAL OR 19 The 10 TAL OR 19 The 10 THE 10 THE 19 THE	272 IGNATURE L'Aneth MCDaniel MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
O HOSPIT Franked by O FUNER Hould be a	272d. WYSICIAN'S NAME (TYPE OR PRINT) ANGLE M.D. 2220 ADDRESS University of Maryland Hospital
BP	236 BURIAL CREMATION, REMOVAL 01-06-86 Vestview Crematory 615 Winters Lane Balto 21228
DHMH - 16 50M 4/83 (VRA 15, 4)	Burgee-Henss Funeral Home, Baltimora, Md. 256 DATE REC'D. BY REGISTRAR'S SIGNATURE JAN 1 0 1986

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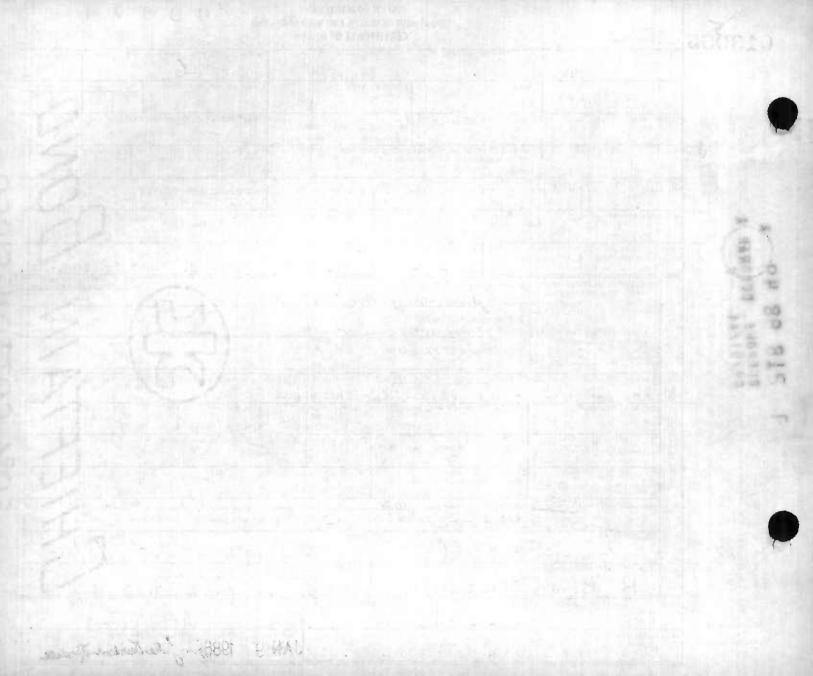
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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

27005	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
poge 3		CEASED NAME FIRST OR PRINT)	MIDDLE LAST BURROUGHS				JANVARY	20.	1986 700 AM		
ge 4 moy	3. SE	Female	UNION MEMORIAL		HOSPITAL		6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
leath. Pag	1111	RTHPLACE (STATE OR FOREIGN COUNTRY)					9 BALTIMORE CITY O	Y OF DEATH	DEATH MD.		
S offer of	BAI	TY OR TOWN OF DEATH LTIMORE CITY					(TYPE OF WORK FOR MOST OF WORKING LIFE) INC			b. IND OF BUSINESS OR IDUSTRY Domestic	
hin 24 hou	13a S	IL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY) A THER'S NAME	NTY 13c. C	SIDENCE BEFORE AS ITY OR TOWN .1 timo:	re	134 INSIDE CITY LIMITS? YES NO TO THE NAME OF THE NAME	13e.STREET ADDRESS			225	
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ng physi ban pap r remova r event.		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	D BY. TE CAUSE (b) 5	EPSIS						MSS AND DEATH	
res that the death yned by the attend n please remove co burial, cremation, a y, or other traumat		Conditions, if ony, which gove rise to immediate couse 10. stating the underlying cause lost	DUE TO, OR AS A	CONSEQUEN SSEMINA	NECRO ICE OF TOD	NEUROFIBROMA			Gene		
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CO HOSPI Peroned be should be with the Si		GEORGE W. 1	MORAN, 1	4.D.			iorin Hos	SPITA	n'	21218	
BP		iurial, cremation, removal Burial	1-23-86	Ced	dar	METERY OR CREMATORY Hill Cem	Baltin		A.A.	MD	
DHMH - 16 60M 7/84 (VRA 15, 4)		oneral director Cully Funera	1 Homes 2	370REE.	Pata	apsco Avela	REC'D. BY REGISTRAR	756. REGIS	TRAR'S SIGNATU	JRE.	

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STATE OF MARYLAND



DHMH - 16 60M 7/B4 (VRA 15, 4)

				STATE OF MARYLAND
FOR				STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE REGISTRAR	Regina	E.	Butka	CERTIFICATE OF DEATH

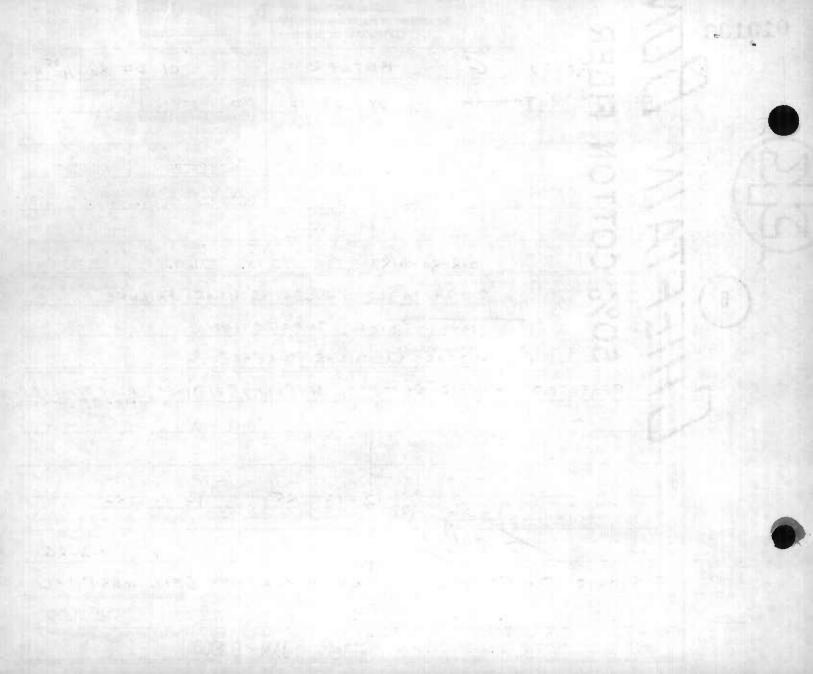
158			E. Butka	CERTIFICATE OF DEATH	REG. NO		- T-	
m =		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
poge 3		Kegin	o E.	Butka		1 28	86	4'00 F
po	3. SE:		4. RACE	5. DATE OF BIRTH	& AGE LIN YEARS LAST BIRTS	HDAY) IF UNI		JNDER 24 H
000	1	Female	White	MONTH DAY YEAR 7	64	YRS	S. DATS NO	UKS M
10 /1/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8.	9 BALTIMORE CITY OF		EATH	
3K 500	Do.	COUNTRY)	115.0	MARRIED NEVER MARRIED	Kaltin		-14.	
22 0/	HERC	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12	KIND OF BU	JSINESS
1	5	1-14:	(IF NOT IN SUCH FACILITY, GIVE STI	- 11	Sales Cler		epartm	ont
M. D.	WSU	Da ITIAOre	OR OTHER INICITION GIVE RESIDENCE BE		Dates Cier	.K ID	epar un	enc
	13a S	13.71		// /	13e STREET ADDRESS /	ZIP CODE	2122	5
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PE BA			RMED FORCES? 166 SOCIAL SE		ADDRES			
0 d 1	1	No	0/// /	Charles J.	Butka Same	as 13e	weeks	,
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phys move went,		PART I. DEATH WAS CAUS	SED BY	4 /- 1:	Normant	111	4	hrs
bon re-		IMMEDIA	ATE CAUSE (0) TESPINA	iory Cara iac	27/25/		11/1	2/2
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AND THE STATE OF STREET AND ADDRESS OF THE STREET The surface one considers of the Latine

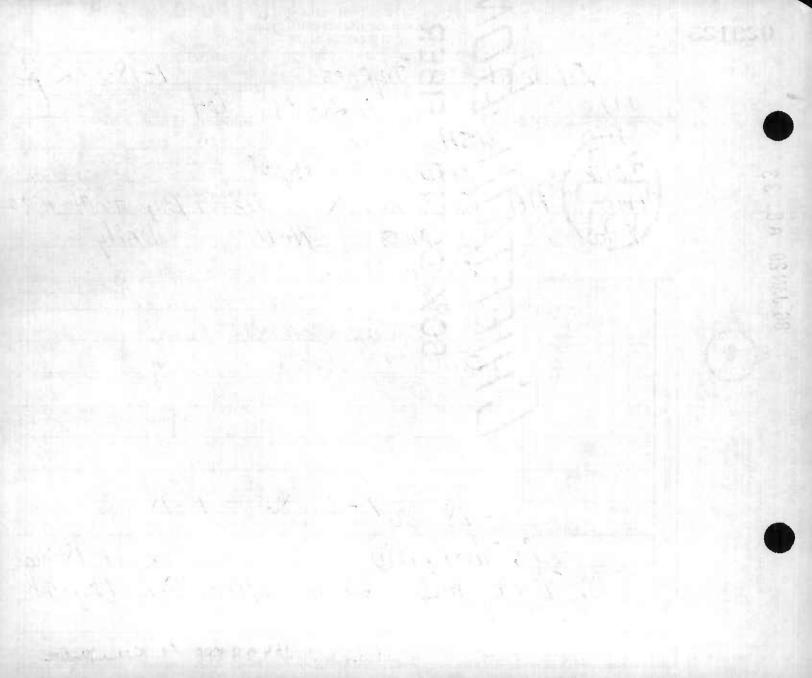
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEND AL NO GIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 024003 REGISTRAR REG. NO FIRST 20. DATE KNOWN DECEASED NAME MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 1-21-8619 AVON LEE BUTTER 4 RACE 1 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 18 na Male Black 12 25 60YRS DEAD 1-21-8619 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FORFIGN COUNTRY) Maryland U.S. WIDOWED DIVORCED Baltimore City TO THE FU N PAGE 5 BE FILED, V O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! RETAIN PA Trainer Stable Baltimore 301 McMechen Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 130. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. NO F 301 McMechan St. 21217 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA ID DEE MIDDLE LAST Avon Evelyn L. Butler, Sr. Bryan ADDRESS1121 N. Ellamont 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Yes WWII 218-18-9631 Balto., Md. Mrs. Mary Butler CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) __ Cancer of lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost BLE SED AS A BU HEALTH AN AL, CREMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CARE WONLE FORWARDED TO THE CHITOR: PAGE 3 SHOULD BE UT STARE PEPARIMENTO YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW IN JURY OCCURRED FENTER NATURE OF INJURY IN STEM IS PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTETHE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED-21-86 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME (TYPE OR PRINT) Margar ta Korell M.D. ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATOR' STATE Baltimore, Md. Westview Mem Park 1/23/86 cremation 07/84 BP 1250 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

JAN 23 1986

Fulia Davidson A 25M 24 FUNERAL DIRECTOR **DHMH - 17** Julia Devidson-Randage Hicks Funeral Home 1922 Forest Dr. (VR A15 ME (5))



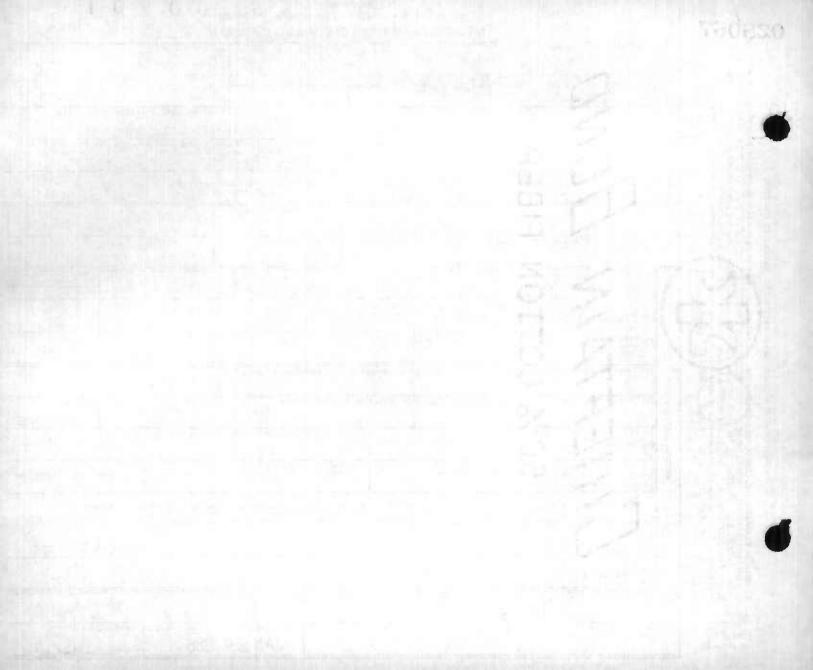
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24 hours ofter death	WIDOWED DIVORCED Balto. City MD. 18 CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL, NUKSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FAGILITY, GIVE SIREE-ADDRESS) DATINOCE DA
N 20 A 8 N 20 A 8 Le be executed within con and completely ers. Pages and 2 sh	15 MOTHER'S MAME THEST TH
DS, 201 W. PRESTON ST., BA quire that the certification is grad to be continued to be continue	18 CAUSE OF DEATH LEnter only one couse per yne for 10), (b), and part 1. DEATH WAS CAUSED BY: DUE TO BE AS A CONSTITUTION OF DEATH OF THE Underlying couse lost
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TO HOSPITAL O retained by the TO FUNERAL D should be detact with the Store D IMPORTANT: If I	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING GEN. HOSATA 230. BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPECIFY) 230. BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	Removal 1/21/86 24 FUNERAL DIRECTOR NAME Anatomy Board Anatomy Board Balto., Md. 1/28 DATE REC'D. BY REGISTRAR'S SIGNATURE ANALY BANKS BALTO., Md. 1/28 1986

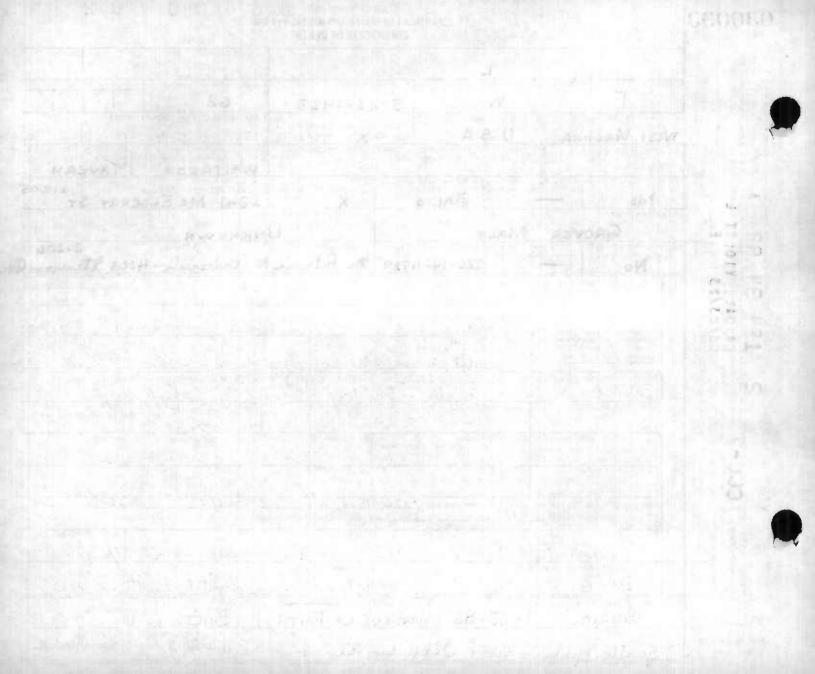


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oy be death		CEASED NAME FIRST OR PRINT!	TLIS()	B	AST TRY	20. DATE OF DEATH MONTH	25 86 3 50 PM
e 4 moy ctor, pag	3. SE	7 1 1 2 1	1 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
oth. Pog.		RTHPLACE (STATE OR FOREIGN Md.	76. CITIZEN OF WHAT COUL	NTRY2 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN Baltimore	NTY OF DEATH
s ofter de by the fun lied within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N HENOTIN SUCH FACILITY, GIV Scott Key M	URSING HOME C		120 USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORK IN ROLLER	126 KIND OF BUSINESS OR
24 hours 24 hours suld be fi	IJŚÜ.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 457 Hornel S	
BALTIMORE, MARYLAND 2120 The executed within 24 hours The control ond completely filled in by The control of 2 should be filled.	14. FA	THER'S NAME	MIDDLE BUS	tru	15. MOTHER'S MAIDEN NA MERCIEL PARE		LAST
n ond con Poges I			VE WAR OR DATES)	9-6027:1	17. INFORMANT Elizabeth Bu	ADDRESS Atry 457 Horne	1 54.
T., BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line for (o),	(b), and (c).)	ULMONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires the extending physician. We this sentilician has been signed it as the busideterming permit. Then plass the need Americal hygene prior to having made or here.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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MISSION Contention of the but tond Me that or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216, PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN prior of for use of 21 is me	à	220.1 certify that (I) this hasp sow the deceased alive or	11-25	1-1	nd that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
At OR A the host At DiREC heroched the Dept.		22b. SIGNATURE	mer.		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/86
O FUNES PO		22d PHYSICIAN'S NAME (TYPE)	E (SNSR		220 ADDRESS 4940	CEASTERN	AUS BACT
₽₹ 9413 <u> </u>		BURIAL, CREMATION, REMOVAL	1-28-86	HOLY RO	EMETERY OR CREMATORY	Bultimore	COUNTY Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	0	ohn M. Weben &	Sons Inc. 40	DRESS Che	sten St. 25a DAT	REC'D. BY REGISTRAR 256, REC	Javidson-Rondage.

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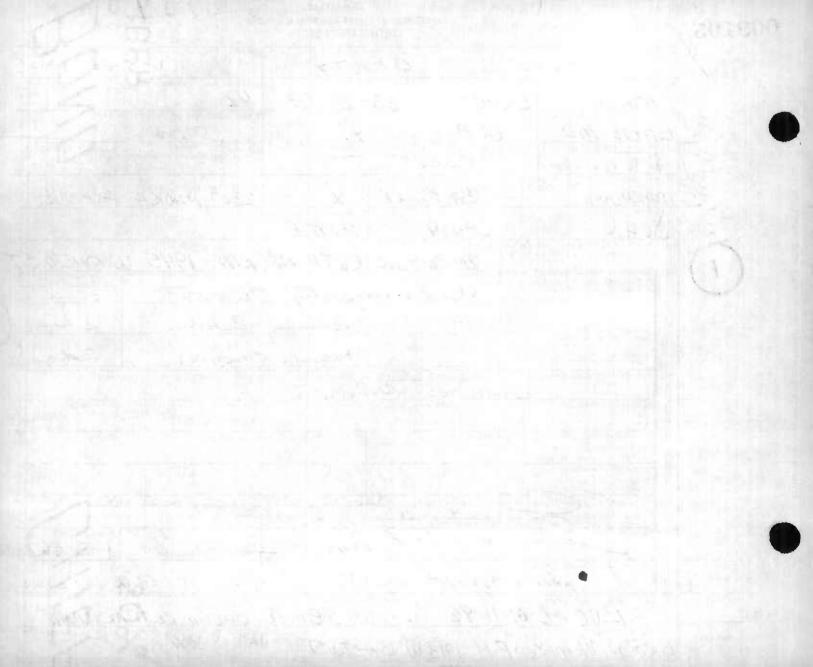
STATE OF MARYLAND OF PORT DEPARTMENT OF HEALTH AND MENTAL HOGIENE 0 0 9 0	1
028067 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN CO., MONTH	DAY YEAR 26. HOUR
अंश्रंशंथित Matthew Arron Campbell DEATH MATED	23 19 86 N
Matthew Arron Campbell DEATH MATED 1 J. SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS 1F UNDER 1 YR. 1F UNDER 24 HRS 2c. DATE MONTH	DAY YEAR 24 HOUR
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	5 AM
울특경 Male BLack 12 10 85 YRS. / DEAD 1	23 19 86 M
76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 BALTIMORE CITY OR COUNTRY?	Y OF DEATH
	City MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176 KIND OF BUSINESS OR INDUSTRY
Baltimore Francis Scott Key Medical Center UNEMPLOYED	OK INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTAUTION, GIVE RESIDENCE BEFORE ADMISSION)	
136. CITY OR TOWN 13d. INSIDE (ITY LIMITS) 13e STREET ADDRESS	01006
Baltimore YESX NO ☐ 5716 Bowleys Lane 9 No 2 No 2 No ☐ 15716 Bowleys Lane	21206
A FATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
Terrence Campbell Yvonne H	utchions
ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (18 YES, GIVE WAR OR DATES)	
= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$	evs Lane
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PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant. Death Syndrome (Due To, or as a consequence of	
Conditions, if any, which gave rise to immediate (b)	- 357
gave rise to immediate (b)	
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
VIOLENTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME. 21ff. LOCATION STREET CITY OR TOWN CO	UNTY STATE
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220 Certify that taak charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my as	
220 Certify that I took charge of the remains described above, held an Autopsy (A), Inspection (L), Inquiry (L), and in my are	inion
deoth resulted from: Notural couses A. Accident . Suicide . Undetermined monner .	
ACTUAL MONIOGE PATE	
SIGNATURE SIGNATURE MEDICAL EXAMINER SIGNE	1/23/86
EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD.	
ADDRESS.	
236. BURIAL CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY CITY OF TOWN COUNTY	NTY STATE
07/84 BP BURIAL 1/25/86 Cedar Hill Cemetery Anne Arundel Co	Md.
25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S S	
(VRAIS ME(S)) March Funeral Homes 1101 East North Avenue JAN 24 1986	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN DECEASED NAME 26. HOUR Janice (TYPE OR PRINT) DEATH MATED Janece Cannady 1-18 19 86 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) 1:30 PRONOUNCED 86 196 9 18 YRS DEAD a. M 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Balto. Md. U.S.A. DIVORCED WIDOWED Baltimore City B. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 900 blk. Druid Park Lake Drive student Baltimore UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3e STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13r CITY OR TOWN YES. NO [Ralto 2554 Robb 21218 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Lee Cannadt Tonia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2554 Robb 214 86 5537. Dorothy Brown 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL. AMMEDIATE CAUSE (a) Craniocerebral Trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS OF HEALT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHORE SECULE THE CERTIFICATE, WRITING THE WORE SHOULD BE FORWARDED TO THE CHIP FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED FOR THE DEPARTMENT OF STATE DEPARTMENT OF SHUMBER THE STATE DEPARTMENT OF BUILD SHUMBER, MARYLAND, 21201 PRIOR TO BUIRD SHUMBER. YES NOXX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR 1:15xx 1-18- 1986 passenger in auto/auto & parked auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 900 blk. Druid Park Lake Dr., Balto., Md. street Inspection XX 22a I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Undetermined monner Natural causes Homicide . TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Balto., Mt. Calvary 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** James A. Morton & Sons 1701 Laurens (VR A15 ME (5))

009105	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 0 C	1904
W	I. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	ONTH DAY YEAR 26. HOUR
noy be		ORPRINTI WILLI.		CANTY	6 AGE (IN YEARS LAST BIRTHE	1-5-86 1 45 M
rector. F	3. SE	MALE	BLACK	5. Date of Birth 03-27-43	42	MONTHS DAYS HOURS MIN.
Perol din	70. BI	OUNTRY) OUNTRY) OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	
offer do	10 CI	ALT MB-	11. NAME OF HOSPITAL, NURS	ING HOME OF OTHER INSTITUTION	124 USUAL OCCUPATION	126. KIND OF BUSINESS OR
4 hours		AL RESIDENCE HE NURSING HOME OR CATALON	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	ZIP CODE STEAKE
rthin 2 rely fill	14. EA	THER'S NAME	AIDDIE PALIA	15 MOTHER'S MAIDEN NA	AME MIDDLE	IAST
		/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) 1 IF YES, GIVE	AED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRES:	
((F)			214-38-	9600 RUTH M	CRAY 1199	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to the same		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	is one giraling	Beest	BETWEEN ONSET AND DEATH
death c urtands hon, or oumotic		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE (b)	JENCE OF Pulmony	Entolus	2 hours
but the top the control of common other the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	VENCE OF THROUGO	PHUSBIRS	3 das
signed her ple to burns in the ple	N C	PART 2. OTHER SIGNIFICANT CO	1 2 =	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART Ita
and	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
physical physical throat throat all those	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	RRED (ENTER NATURE OF INJURY)	
S of the board of	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDNG of of N. After Use of It mark		220 I certify that (I) (this haspite	1 11	3/	, to	5, 1986, that (I (we) last
24 ATTE histoph ched for legs of		saw the deceased alive on above, (1) (we) (diph (did not 22b. SIGNATURE	View the bady after death.	DEGREE		and have and from the causes stated 22c. DATE SIGNED
GEAL D Set detail S Set detail		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 11-5-86
o HOSS		A. Mi	agross	m 1010 5%.	Paul St.	Ball and 21202
ВР	23n. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	01-11-86 D	RBUTUS MEM. PX	BALTIMOR	EMARY CANDSTATE
DHMH ~ 16 50M 4/83 (VRA 15, 4)	24 FL	NERAL DIRECTOR RAME NAME NAM	GA) F.H. 1912 1	1) BAITOS, 250. DA	JAN BY REGISTRANTS	b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I. DE	CEASED NAME	FIRST									
(TYPE	E OR PRINT)										
3 SE		ELLA	RACE	AE	CARB			AGE (IN YEARS LAST BIR		1986 IF UNDER LYEAR	IF UNDE
		1			5 DATE C				IHUAY)	MONTHS DAYS	HOURS
	emale		White			22	64	81	YRS		
	IRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	D NEVER MARR	RIED 9	BALTIMORE CITY O	R COUNT	Y OF DEATH	100
LV:	irginia		USA		WIDOWE			Baltimore	City	7	
10 C	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUT	ION I	20 USUAL OCCUPATI	ON	125. KIND C	
Ba	altimore	/ 1	Francis	Scott	Key Med	dical Cent	ter	Housewife	F WORKING L	HO:	me
	IAL RESIDENCE (IF NUR	SENGMENT OR O	THER INSTITUTION	LISE CITY OR TO	ORE ADMISSION)	1 13d. INSIDE CITY LI	IMITS?	STREET ADDRESS	7 TIP COL)E	-
Ma	aryland	Baltin	nore	Dunda I	k	YES NO	ĽÝ :	1. STREET ADDRESS 3920 Glenh	urst	Rd. 212	22
M. F	ATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAI	IDEN NAME	MIDDLE		LA	51
X	Not Known		T	Earnest		Annie				Heffi	
16d V	WAS DECEASED EVER	IN U.S. ARM		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS	nelll	nger
1	YES, NO OR UNKNOWN)	JIF YES, GIVE Y	WAR OR DATES)								
No	2			230-30-1	1757	Franklin	D. G	ceever same	as		
	18 CAUSE OF DEAT	H Enter anly	ane cause per	r line for (a), (b), a	and (ch.)	1				BETWEEN	MATE INTE
	PART I. DEATH V	IMMEDIATE		CLAN	orest	110101	anne	10			
	Canditions, if any gave rise to im couse (a), stati underlying cause	mediate ng the	(b)_	R AS A CONSEQUE	UENCE OF	oto Ac	uto 1	rypcode	il wy	fact.	
NO	gave rise to im couse (a), stati underlying cause	mediate ng the e last.	DUE TO, O	ONTRIBUTING TO	UENCE OF	NOT RELATED TO T		AL DISEASE OR CON			0
ATION	gave rise to im couse (a), stati underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	UENCE OF DEATH BUT	NOT RELATED TO T	THE TERMIN		DITION GI	IVEN IN PART 1:	301
TIFICATION	gave rise to im couse Io1, statu underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O (c) ONDITIONS CO	ONTRIBUTING TO	UENCE OF DEATH BUT	NOT RELATED TO T	THE TERMIN	al disease or con	20b. IF YE		NGS USE
CERTIFICATION	gave rise to im couse Io1, statu underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C	ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDING CAUSES	NGS USE OF DEA
AL CERTIFICATION	gave rise to im couse Io1, stoli underlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH	DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A.	ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION DAY YEAR	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CON	20b. IF YE	ES, WERE FINDING CAUSES	NGS USE OF DEA
	gave rise to im couse Io1, stoft underlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT CO DERLYING CAUSE OF DEATH ICAL EXAMINER)	DUE TO, O (c) ONDITIONS CO 196 COND 216 TIME C HOUR A.	ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDING CAUSES	NGS USE OF DEA
MEDICAL CERTIFICATION	gave rise to im couse Io1, stoft underlying couse Io1, stoft underlying couse Io1 DATE OF OPERA IO10, ACCIDENT WAS UN OR CONTRIBUTING UP TO THE INTERNATION OF COURT IN JURY OCCUR	mediate ng the e lost. NIFICANT CO DERLYING CAUSE OF DEATH ICAL EXAMINER) RED	DUE TO, O ONDITIONS CO 196 COND 216 TIME C HOUR A. P. 21e PLACE	ONTRIBUTING TO	D DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YE IN CERTIN	ES, WERE FINDING CAUSES	NGS USE OF DEA
	gave rise to im couse Io1, stoft underlying couse Io1, stoft underlying couse Io1 DATE OF OPERA IO10, ACCIDENT WAS UN OR CONTRIBUTING UP TO THE INTERNATION OF COURT IN JURY OCCUR	mediate ng the e lost. NIFICANT CO DERLYING CAUSE OF DEATH ICAL EXAMINER) RED	DUE TO, O ONDITIONS CO 196 COND 216 TIME C HOUR A. P. 21e PLACE	ONTRIBUTING TO	D DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CONI 200 AUTOPSY? YES NO O	20b. IF YE IN CERTIN	ES, WERE FINDIN IFYING CAUSES (ES	NGS USE OF DEA NO [
	gave rise to im couse Io1, stoft underlying couse Io1, stoft underlying couse Io1	mediate may the programme of the program	DUE TO, O (c) (d) (d) (e) (d) (e) (e) (e) (e	ONTRIBUTING TO	UENCE OF D DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO T	OCCURREI	AL DISEASE OR CONI 200 AUTOPSY? YES NO O	ZOB. IF YE IN CERT! Y	ES, WERE FINDIN IFYING CAUSES (ES	NGS USE OF DEA NO [
	gave rise to im couse Idi, stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d. INJURY OCCUR WHITE NOTIFY MED 22a. I certify that (I' saw the decays	mediate my the part of the par	DUE TO, O (c) ONDITIONS CO 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME STI	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE deceased from	UENCE OF D DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO T	OCCURREI	AL DISEASE OR CONI 200 AUTOPSY? YES NO CENTER NATURE OF INJUST CITY OR TO	ZOB. IF YE IN CERT. Y	ES, WERE FINDII IFYING CAUSES (ES	NGS USE OF DEA NO [
	gave rise to im couse Io1, stoft underlying couse Io1, stoft underlying couse Io1	mediate my the part of the par	DUE TO, O (c) ONDITIONS CO 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME STI	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE deceased from	DEATH BUT DO DEATH BUT H OPERATION DAY YEAR 19 E. FARM. EIC)	NOT RELATED TO T	OCCURREI	AL DISEASE OR CONI 200 AUTOPSY? YES NO CENTER NATURE OF INJUST CITY OR TO	ZOB. IF YE IN CERT. Y	ES, WERE FINDII IFYING CAUSES (ES	NGS USE OF DEA NO [
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	gave rise to im couse 101, stoft underlying cause PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTEY MED 21d INJURY OCCUR WHILE NOTE WAS 1 WORR AT WO 220.1 certify that (I saw the decease obove, (I) (we) (I 220. PHYSICIAN'S N	mediate mediat	DUE TO, O (c) (c) IPD COND 196 COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME STILL I) attended the view the body	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH E M. MOTH E Me deceased from ofter death.	UENCE OF DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO T N WAS PERFORMED 21c. HOW INJURY 21l. LOCATION SIREET 19 19 10d that in (my) (our) DEGREE ATTEN PHYS 22e ADDRESS	OCCURRED Opinian de	AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO The Coursed on the do MEDICAL STAF	20b. IF YE IN CERTILY YET IN ITEM IS	COUNTY 22c. DATE	NGS USE OF DEA NO [
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WEDICAL 230 E	gave rise to im couse 101, stoft underlying cause PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTEY MED 21d INJURY OCCUR WHILE NOTE WAS 1 WORR AT WO 220.1 certify that (I saw the decease obove, (I) (we) (I 220. PHYSICIAN'S N	mediate may the property of th	DUE TO, O (c) (c) IPD COND 196 COND 216. TIME C HOUR A. P. 21e PLACE (AT HOME STILL I) attended the view the body	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH I M. OF INJURY REET. FACTORY, OFFICE office deceased from office deceased.	UENCE OF D DEATH BUT H OPERATION DAY YEAR 19 FARM EIC)	NOT RELATED TO T N WAS PERFORMED 21c. HOW INJURY 21l. LOCATION SIREET 19 19 10d that in (my) (our) DEGREE ATTEN PHYS 22e ADDRESS	OCCURRED Opinion de	AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO The Coursed on the do MEDICAL STAF	20b. IF YE IN CERTILY YET IN ITEM IS	COUNTY 22c. DATE	NGS USE OF DEA NO [
WEDICAL MEDICAL	gave rise to im couse 101, stoft underlying couse 101, stoft underlying couse 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING 11 EITHER NOTEY MED 21d. INJURY OCCUR WHILE NOTE WAT WORK 1 NOT WAT WORK 1 NOT WAT WORK 220. I certify that (1 saw the decease obove, (1) (we) 1 22b SIGNATURE 22d. PHYSICIAN'S N George	mediate may the property of th	DUE TO, O (c) DNDITIONS CO 196 COND 198 COND 216. TIME CO HOUR A. 21e PLACE (AT HOME 511 1) ottended the view the body Karka	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH E THE deceased from Office deceased from Offic	DEATH BUT DEATH BUT H OPERATION DAY YEAR 19 FARM EIC)	NOT RELATED TO TO THE NAME OF	OCCURRED Opinion de IDING ICIAN ETTI ATORY	AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO The Course of Injury AMEDICAL STAF DIRECTOR PHYSIC TENTER NATURE OF INJURY THE COURSE	20b. IF YE IN CERTING THE MINISTER IS	ES, WERE FINDING CAUSES (FS [] PART TOR PART 2) COUNTY 22c. DATE # 9	MGS USE OF DEA NO [that (I) (causes st

DHMH - 16 60M 7/B (VRA 15, 4)

AND MALE AND A PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR

should be detached for use as the buriol-transit permit. Then please remove corbo with the State Dept' of Health and Mental Hygiene prior to burial, cremation, or re

IMPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate hos been

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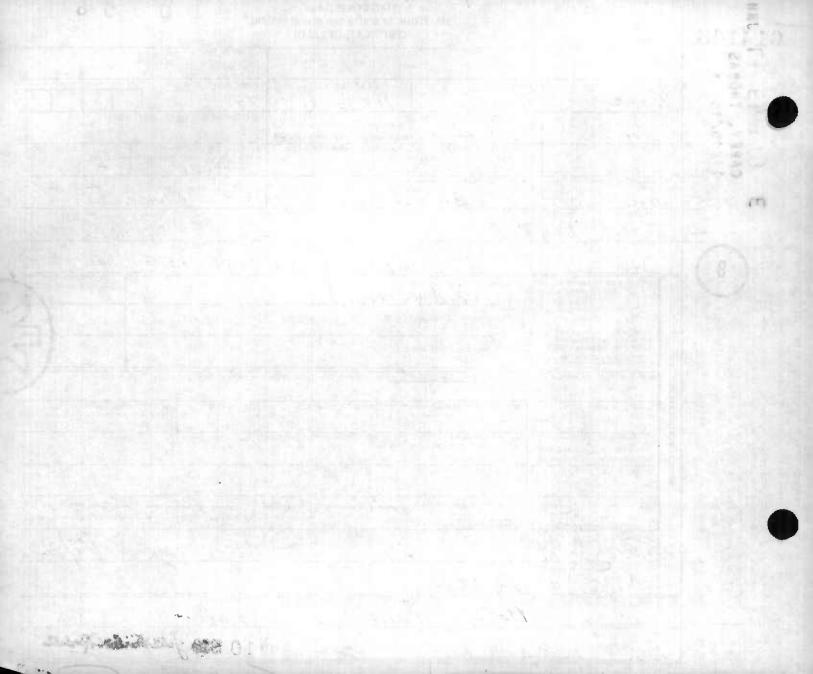
DHMH - 16 60M 7/84 (VRA 15, 4)

Sheeks !

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

н	REGISTRAR		CERTIFICATE OF	DLAIN	REG. NO	D.		
Ì	I DECEASED NAME FIRST	MIDDLE	£A5T		20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
l	THOMAS		CAREY		JANUARY 9,		\$;	31 A M
I	3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	MALE	NEGRO	MONTH - 15-	YEAR	74	YRS.	DAYS H	OURS MIN.
	70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	MARRIED T	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
9	V.A.	2115,A	WIDOWED	ONORCED	BALTIMORE (CITY		MD.
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		STITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		b. KIND OF B	USINESSOR
SIII 4	BALTIMORE		PKINS HOSPIT	AL	LABOI		_	
J	USUAL RESIDENCE HE NURSING HOME OF			CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	H. o	212/3
1	miD,		TU. YES	NO 🗌		Thase	57	
T	14 FATHER'S NAME	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAM				
	Joseph CA	Rell (n	ARTHA	MIDDLE	Spen	CER	
I	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC		0	ADDRE		0/.	# 2/2/
1	No	- 213-09	-2187 FANI	ne BA	KNETT 18	386.6	MASE	57
Ī		ily one couse per line for (a), (b/	and (c),)				APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH
1	PART 1. DEATH WAS CAUSE	TE CAUSE (0) Cavelle	ac aurest					1-1-0
1		DUE TO, OR AS A CONSEQ	HENCE OF					
1	Conditions, if ony, which	(1b)	DENCE OF					
1	gove rise to immediate)						100
1	underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF					
1	DAPT 2 OTHER SIGNIES ANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATE	ED TO THE TERM	IN ALDISEASE OR CON	LITION CIVEN II	LDADT 1	
1		CONDITIONS CONTRIBUTING I	DOLAIN BOTHOT RELATE	LO TO THE TERM	INAL DISEASE OR CON	JIHON GIVEN II	Y PART IIO	
Н	ZO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	TH OPERATION WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDING:	S USED
1	E I				YES T NOT	IN CERTIFYING		DEATH?
+	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUR			140 []
	OR COMMISSION CONTRACTOR OF THE	LIGHT A M. MONITH	DAY YEAR	. John Occom	LEIGHTER MAN ONE OF MAJOR	THE TO PART I	ON FARTE)	
1	(IF EITHER NOTIFY MEDICAL EXAMINES		19					
1	(IF EITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211. LOCAT		CITY OR TO	WN	COUNTY	STATE
1	WHILE NOT WHILE				/		~	Contract of
1		tal) attended the deceased from		. 19 86		7 19_		it (I) (we) last
1	sow the decent alive on obove (1) (we) did not did	it) view the body ofter death.	ond that is m	y) (our) opinion o	death occurred on the de	ote and hour one	I from the cou	ises stated
1	718. SIGNATUM	. //	DEGREE				221 DATESIC	SNy0
	110 W	V y	1111	PHYSICIAN	MEDICAL STAF		619	186
1	224. PHYSICIAN'S NAME LIVE	MPRINTS //	22e ADDRI	ESS			- 1	
	M.G. T	Grefte 9						
	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OF	RCREMATORY	236 LOCATION	COL	YINI	STATE
	BURIAL	11=14-86	BALTO. CE,	m.	BALTO		m	
	24 FUNERAL DIRECTOR		P)	CA 250 DATE	RECD BY REGISTRAR	25 REGISTRAR"	SIGNATUR	



George J. Gonce 4001 Ritchie Hgwy Balto Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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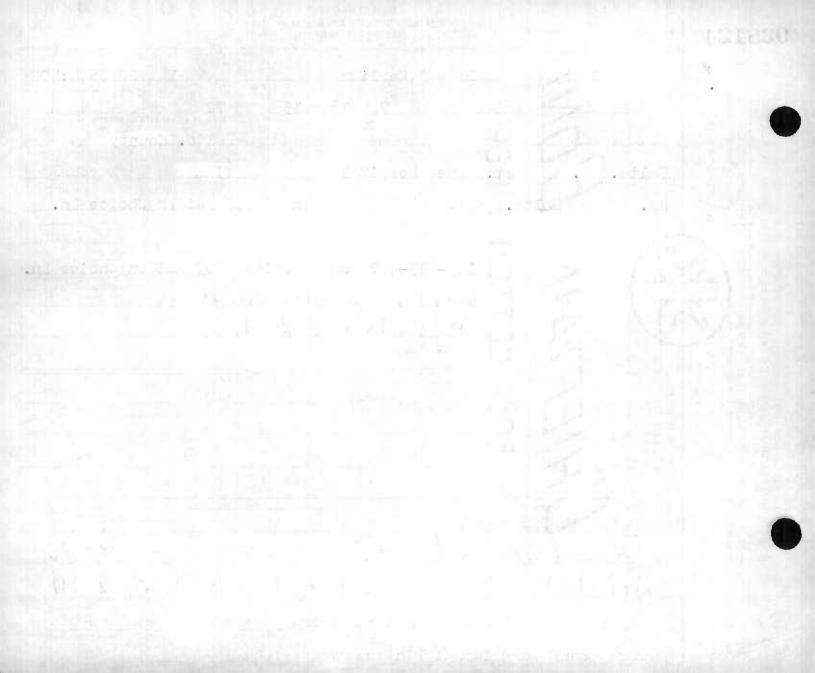
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DIVISION OF VITAL RECORDS

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

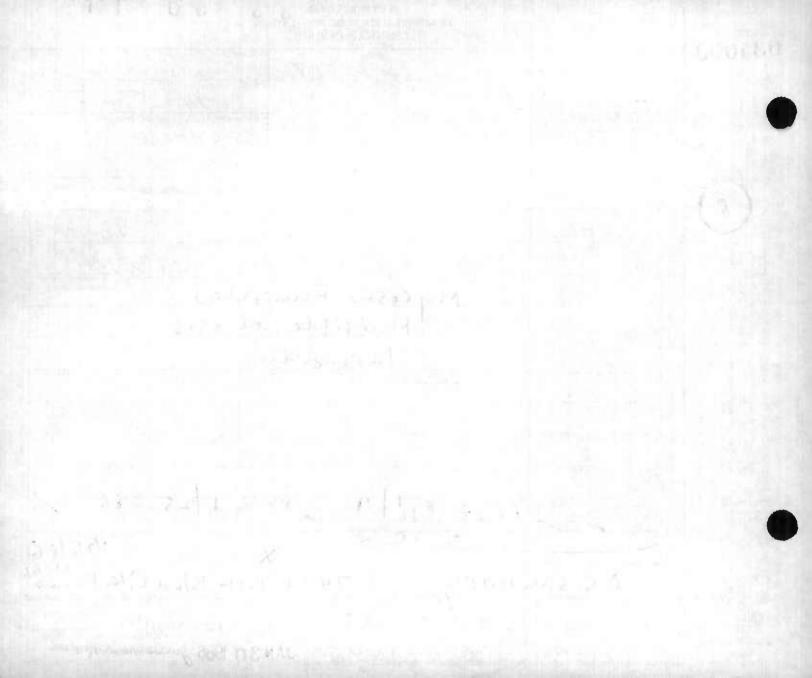
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	REGISTRAR				CEKTII	ICATE OF DEATH	REG. N	Ο.		
	ECEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b HOUR
[14	PE OR PRINT)	ANNE	TTE	N.	C	AWLEY	January 2	9. 19	86	10 PM
3. S	EX		4 RACE		5. DATE		& AGE (IN YEARS LAST BIT	THOAY)	IF UNDER TYEAR	
	Female	2	Whi	te	Feb		87	YRS	AONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STAT	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	MD		US	SA	WIDOW		Baltimor	e City	y	MD.
10	CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPAT			OF BUSINESS OR
4	Baltimo	ore		he Alam			Homema			Home
	UAL RESIDENCE (# STATE	13b. COU		13c. CITY OR TOW Balto	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4116 The	ZIP CODE	neda	21218
14.8	FATHER'S NAME			Darco	•	15 MOTHER'S MAIDEN NA		Aidi	ricua,	21210
	FIRST	١٨/	MIDDLE	tAST		FIRST	WIDDLE		A	
160	LOUIS WAS DECEASED E	VER IN U.S. A		Issbauer	RITY NO	Rose 17 INFORMANT	ADDRI		Munfor	d
	NO OR UNKNOW	N) (IF YES, G	IVE WAR OR DATES]	213 05	2610	Mrs. Nadi	no A Cour	2000	Balte	0 440
\vdash				· .		I WIFS . INAULI	ne A. Cour	son,		OMATE INTERVAL ONSET AND DEATH
		TH WAS CAUS	ED BY:	line for (a), (b), and	10.1	heart f	1 - 6,00		BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)	Conge		J. Court	as we		7-7-7-1	74
			DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if gove rise to	immediate	(b)						-	
	couse (a), s		DUE TO, O	R AS A CONSEQUE	NCE OF				11	
			((c)							
Z		SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
CERTIFICATION	19g DATE OF OF	PERATION	19h COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20s AUTOPSY?	206 IF YES	, WERE FINDI	NGS LISED
기본	I'M DAIL OF OF	Christia	178. COND	more for which	O' ENATIO	THAT EN ORMED		IN CERTIF	YING CAUSES	OF DEATH?
ER	210. ACCIDENT WA	S UNDERLYING [7 21b. TIME O	DE INJURY		21c. HOW INJURY OCCUR	YES NO		S	NO []
		CAUSE OF DE	HOUR A.	M. MONTH DA		The track is sold occor.	CONTER NATURE OF 11930	KT BY IIZM IB T	ART I OR FARI 27	
MEDICAL	21d INJURY OC	MEDICAL EXAMINE	P. PLACE	M.	19	211 LOCATION				
ME	WHILE N	OT WHILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK	IT WORK			Ana	1 18 01		. 30	10.86	
		ceosed alive of	70 . 4	e deceased from_	86	nd that in 19 (aur) apinian	death accurred on the d			that (we) last
	abave, Ov	we) (did) (fid n	on view the bady	after death.		DEGREE	deam decorred on the d	are aria nao		
	270. SATORI	00	100	000			MEDICAL STA	FF	22c. DATE	2/01
4	22d. PHYSICIAN	S NAME IN). (llown	VV	PHYSICIAN PHYSIC	MEDICAL STA	DAN [1/3	100
				1.45		THE ADDRESS				1.45
		-	Collins,			500 W. Uni		wy.,	Balto	, MD
230	BURIAL, CREMATI	ION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
26	Burial		2/1/8			wn Cemeter		_		MD
24.	FUNERAL DIRECTO	Henry	y W. Je	enkins &	Sons	5 00.	TE REC'D. BY REGISTRAR		RAR'S SIGNAT	
-	testa Yak	4905	York R	d., Balt	0.,	MD 21212 J	AN 31 1986	0		-

DHMH - 16 50M 4/83 (VRA 15, 4)

II. Company Y John Tolling Tolling The I, and the state of the contract of the co End of the state o The state of the s r. a vt walting we say to control it was a very field of the say o THE REPORT OF THE PROPERTY OF Yes The Company of th

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO	0 9 1	
)3		CEASED NAME FIRST OR PRINT) MADELI	NE	CHAFFIN	20 DATE OF DEATH	1 25 8	4 1252 M
	3 SE)	F	4 RACE	5. DATE OF BIRTH MONTH OP 29 11	6 AGE (IN YEARS LAST BIRT	YRS DA	AYS HOURS MIN.
35	PO	RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED		IGRE CI	174 MD.
弘	Bo	A HIMORE	OEATON SOUT	4 (NM7 5BH)	(TYPE OF WORK FOR MOST OF		ND OF BUSINESS OR
16		1 D 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 130 CITY OR TOW	YORE YES NO NO	13. STREET ADDRESS	3 quith	2/202
20		THER'S NAME UNKNOC	MIDDLE LAST	15. MOTHER'S MAIDEN NA Flizabet	MIDDLE		wwes
e medico		(AS DECEASED EVER IN U.S., AS NO OR UNKNOWN) (IF YES, I	ARMED FORCES? 16b. SOCIAL SECU GIVE WAR OR DATES) 213-12-	7694 DORIS Hay	nes 3100	54. Paul	5t. Apt. 70
event, th		PART I. DE ATH WAS CAU	only one cause per line far (a), (b), ar SED BY: ATE C AUSE (a)	Coses Fun	grides	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
oumatic		Conditions, if ony, which	DUE TO, OR AS A CONSECU	ENCEPFUL hiple	selvo 81	2	
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE Decubiti	۷,		
a , Lulau y , a a	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	T 1co
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAU YES []	NDINGS USED USES OF DEATH?
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJUR	Y IN STEM TO PART I OR PART	21
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	PARM ETC.) 21 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
OH 81 17	Ý		pital) ottended the deceased from	and that in (my) (and apinian	e, to	te and hour and fram	_, that (I) (ye) lost the causes stated
# #ea		22b. SIGNATURE	9 2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	125/86
MPOKTAN		270. PHYSICIAN SNAME ITYP	AWHAEY	22e ADDRESS	BHA BI		Bumio
		URIAL, CREMATION, REMOVA	1 7 01 10	NAME OF CEMETERY OR CREMATORY	1238 LOCATION A CITY OF TOWN	Lrumal	Meillan
		MERAL DIRECTOR MAMP MORE	hE/H TAR ADORESS	250 DAT	E REC'D. BY REGISTRAR		



DHMH - 16 60 (VRA 15,

	1-	FOR - STATE REGISTRAR	DEF	PARTMENT OF	E OF MARYLAND (S) IEALTH AND MENTAL HYG ICATE OF DEATH	IENE - REG. NO	3	•
1		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH		EAR 26 HOUR
P	1111	ANNA		CHA	ALKLEY	January 2		7:30Am
6	1 SEX	X	I. RACE	5. DATE (6 AGE IN YEARS LAST BIRT	MONTHS I	DATS HOURS MIN.
. 1	2.000	Female	White	Dec	. 19, 1921	64	YRS	
1	(COUNTRY) MD	USA	MARRIE		Baltimore city on Baltimor	ce City	TH MD
#8		Baltimore		e street ADDRESS) d Genera.	DROTHER INSTITUTION 1 Hespital	120 USUAL OCCUPATION OF WORK FOR MOST OF Homema	WORKING HEET INDU	IND OF BUSINESS OR STRY Own Home
r must be	13a S	AL RESIDENCE IF NURSING HOME OR C STATE 13b COUN!	TY 13c. CITY OF		134 INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e STREET ADDRESS / 716 Highw		, 21212
	I4 FA	Edgar D.	Akehurst	ST	Louise	WE	Mason	LAST
00		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
E e		No	219 2	2 2985	Walter Chal	kley. Jr.	Balto.	CO. MD
injury, or other traumo	NOI	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (c) Asthro	nic obst SEOUENCE OF matic br	ructive Lung of conchitis		DITION GIVEN IN PA	RT 1/o
ows ony	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	
them 18 sh	MEDICAL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IFETHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c HOW INJURY OCCUR		Y IN ITEM 18 PART I OR PA	RT 2)
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	? I E PLACE OF INJURY (AT HOME STREET FACTORY C		PIL LOCATION STREET	CITY OR TOV		
121 is mo		22a.1 certify that xt) (this hospital sow the deceased alive on above xt) (we) (did) xxxx	January 29	from	ary 18 , 19 86 and that in (Ky) (our) apinion of	to <u>janual</u> , to <u>janual</u>	te and hour and from	
NT: If her		226 SIGNATURE	- unt	9.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	29/86 -
MPORTANT		22d. PHYSICIAN'S NAME (TYPE OR IVan Proa			c/o Mary	land General	l Hospital	
	1	BURIAL, CREMATION, REMOVAL ISPECIFY) Cremation	1/30/86	Green	Mount	23d LOCATION CITY OR TOWN Balto.	COUNTY	MD
M 7/B4		UNERAL DIRECTOR Henry	1100	& Sons		NEGO IV RUSSOAR	U PREMITRAR SIN	SMAN WELL

15 11 12

71 Highwood Er., 1112

F Maltan On Miles, Jr., Ealto. Dr., R.D.

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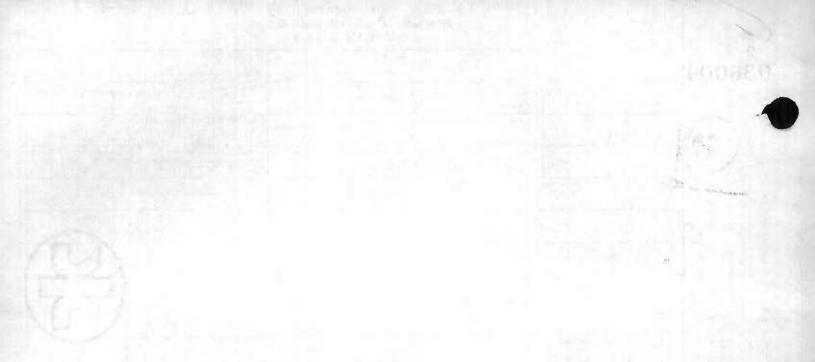
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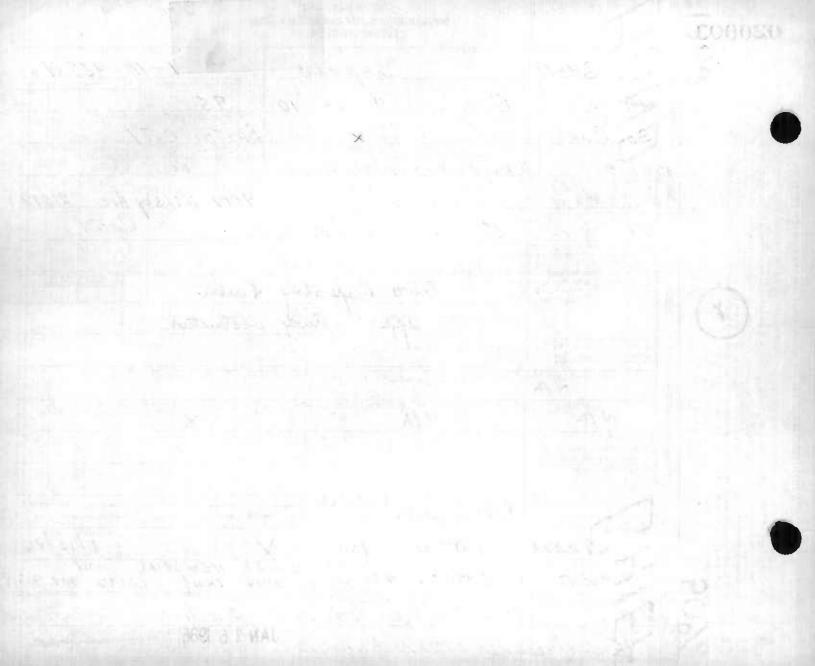
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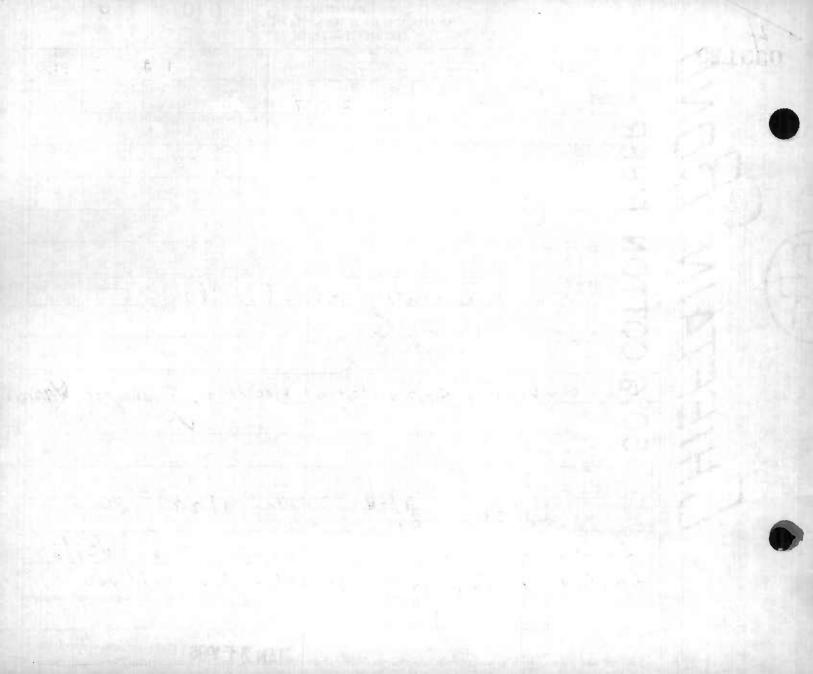
WALTER CHANEY 39-JANUARY 30 1985 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN TEARS LAST BIRTHDAY) IP UNDERTY YEAR			EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
SEX RACE S.DATE OF BIRTH DAY 194A PAGE 1914 PAGE PA	004	11112		TER	СН	ANEY	TANII	ARV 30	198	9.15
MAKE SIATE OFFORED TO CHIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED NEVER MARRIED S. MARRIED NEVER MARRIED NONCECD TO CHIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED NONCECD TO CHIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED NONCECD TO CHIZEN OF COUNTRY OF DEATH TO CHIZEN OF WHAT COUNTRY? S. MARRIED NONCECD NONCECD TO CHIZEN OF MARRIED NONCECD TO CHIZEN OF THE RESIDENCE (IF WISSING OFFI INDUSTRY REPORTED ON THE RESIDENCE (IF WISSING OFFI INDUSTRY RESIDENCE (IF WISSING OFFI I	03	3. SEX		4 RACE			6. AGE (IN YEARS LAST BIR	THDAY! IF I	UNDER I YEAR	HOURS MIN.
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VIRGINIA CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT IN SUCH ACTURE, ONE STEET ADDRESS) BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) II. SUSUAL DCCUPATION (IF HOT IN SUCH ACTURE, ONE STEET ADDRESS) RETIRED DUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) II. STATE III. SUSUAL DCCUPATION (IF HOT IN SUCH ACTURE, ONE STEET ADDRESS) RETIRED DUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) III. STATE III. SUSUAL DCCUPATION (IF HOT IN SUCH ACTURE, ONE STEET ADDRESS) RETIRED THE STATE OF WORKING LIFE III. STATE III. STATE IN STATE III. MANDLE LAST	1			76 CITIZEN OF WHAT COUNT	TRY? 8. MARRIE	D NEVER MARRIEDX	9 BALTIMORE CITY O	R COUNTY OF	F DEATH	
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MARY LAND 136. COUNTY 136. CITY CRITOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE	2	BA	ALTIMORE	CHURCH HOME	TREET ADDRESS)		(TYPE OF WORK FOR MOST O			ROSINESS OK
14. FATHER'S NAME	35	17a. S	TATE 13b. COL	JNTY 13c. CITY OR 1	TOWN				11	of 212
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	28	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
NO CHART 18 CAUSE OF DEATH lEnter only one couse per line for 101, (b), and 101 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF Let PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF INJURY PART 2. OTHER NOTIFY MAS UNDERLYING OF AMERICAN MONTH DAY YEAR (I) EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT MOOR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY AT MOOR A.M. STREET FACTORY, OFFICE FARM, ETC.) 21c. TOWN TOWN COUNTY 21c. TOWN TOWN TOWN COUNTY 21c. TOWN TOWN TOWN COUNTY 21c. TOWN TOWN TOWN TOWN COUNTY 21c. TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN					SECURITY NO.		ADDRE		OWN	113
18 CAUSE OF DEATH Enter only one couse per line for io), (b), and ic	peo	[Y		GIVE WAR OR DATES)		CHART				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT WORK NOT WHILE AT WORK AT WORK NOT WHILE 1 220.1 certify that (1) (this haspital) ottended the deceased from TANTIARY 24, 1986, to JANUARY 30, 1986, the second of the se				DUE TO, OR AS A CONSI		ADDER CARCI	NOMA			Ú/
220.1 certify that (I) (this haspital) attended the deceased from TANTIARY 24, 1986. to JANUARY 30, 1986, the	7	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) (CONDITIONS CONTRIBUTING	EOUENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, V IN CERTIFYIN	WERE FINDING	
220.1 certify that (1) (this haspital) attended the deceased from JANUARY 24, 1986. to JANUARY 30, 1986, the saw the deceased alive an JANUARY 20, 1986, and that in (my) (our) apinion death occurred on the date and have and from the compose (1) (we) (did) (did and 1) (4) (and 1) (4) (and 1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	フラ	CERTIFI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR	VINAL DISEASE OR CON 200 AUTOPSY? YES NOT	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING NG CAUSES (OF DEATH?
DEGREE ATTENDING MEDICAL STAFF PURSULAN DIRECTOR DIRECTO	29	CERTIFI	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DELIVER SIGNIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, OR AS A CONSE b) DUE TO, OR AS A CONSE c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE DEATH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR	T NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCURI	200 AUTOPSY? YES NOTER NATURE OF INJU	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING NG CAUSES (1 ORPART 2)	OF DEATH?
PAUL GORMLEY M.D. 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 DATE 232 ADDRESSCHURCH HOSPITAL CORPORATION, MD. 233 BURIAL, CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY	. If hem 21 is marked or Item 18 shows ony injury, ar ather	CERTIFI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 1) (22b. SIGNATURE)	DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 196 CONDITION FOR WE 196 CONDITION FOR WE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME. STREET FACTORY, OF	EQUENCE OF EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET ARY 24. 19-86 und that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT	20b. IF YES, VIN CERTIFYIN YES [RY IN ITEM 18 PART WN 30. 19 pote and hour of	COUNTY 26. H	STATE STATE And (I) (we) lost auses stated LIGNED





020003/	1.	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		ا ا
" = X		REGISTRAR CEASED NAME FIRST OR PRINT) SHELL	MIDDIE	Chapman	REG. NO.	DAY YEAR 26 HOUR 20 - 86 7:54 AM
lage 4 may be	3. SE	Mala RTHPLACE I SIGNE OR FOREIGN	4. RACE BLACK 7b. CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH DAY YEAR 10	6 AGE (IN YEARS LAST BRIDDAY) 7.5 YRS. 9 BALTIMORE CITY OR COUNTY	IF UNDER 1 YEAR IF UNDER 24 HRS
e funerol d virbin 72 ho		Soc CAR.	11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED DISTRICTION	BALTO. CIT	MD.
5 21201 s hours offeed in by the		ALTO, AL RESIDENCE (IF NURSING HOME O STATE / 13b COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	ORIAL NOSP.	130, STREET ADDRESS / ZIP CODE	
BALTIMORE, MARYLAND 2120 Be executed within 24 hours cion and completely filled in be pers. Pages 1 and 2 should be fill all the medical examiner must be and	IL E	ATHER'S NAME	MIDDIE CHARACTER	SCQ YES NO	4001 Wilsby	
TIMORE, A be execute on and can s. Pages 1 c		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	Chart	ADDRESS	THE THE
W. PRESTON ST., at the death certific the series of the formation of the f	THE STREET	PART I. DEATH WAS CAUSI	only one cause per line far (a), (b) on ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUIA (b) DUE TO, OR AS A CONSEQUIA (c)	toper airway	Failure obstruction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 Tow requires the service of the place of th	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION N/A.	A.	DEATH BUT NOT RELATED TO THE TER/ OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN THE INTEGRAL Vier this certification that the ost he buriolity in the ord Mental Hypersecurity is the ord Mental Hypersecurity in order or item 18 flow says illustrated or item 18 flow say	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTHY MEDICAL EXAMINE 214 INJURY OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	
OR ATTENDING e hospital or at DIRECTOR. Affect othed for use as a Dept. of Health of them 21 is mark		220.1 certify that (I) (this hosp	n 19 at least the deceased from 19 at least the body ofter death.	DEGREE	death occurred on the date and have	19, that (I) (we) last or and from the couses stated
TO HOSPITAL (estoined by the TO FUNERAL I should be detoil with the State E IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE) NORBERT	1. MATHIAS			HOSP. ALTO. MIN 2/2/
BP	1	SURAL, CREMATION, REMOVAL SULL UNERAL DIRECTOR	1236 DATE 1-15-86 236	NAME OF CEMETERY OR CREMATORY MG NUM. F	236-top ATION DATE OF THE PROPERTY OF TOWNS	COUNTY Marijan
DHMH - 16 50M 4/83 (VRA 1S, 4)	14	NAME E.L. Ph	elles 1727.	N. Monsust.	AN 1 P. 1900	www.don-Mande





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1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTO.,

6010 REISTERSTOWN RD.

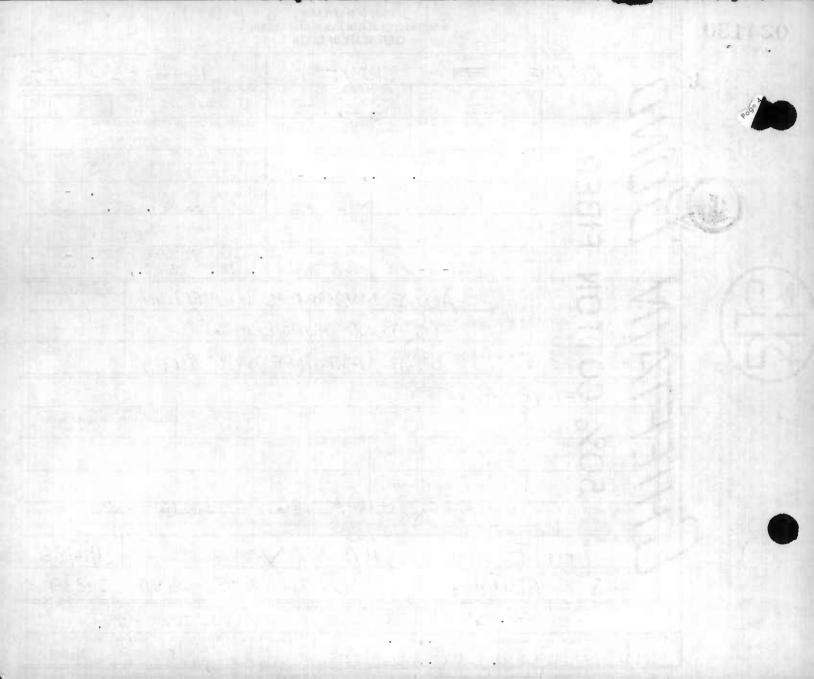
DEC NO

		REGISTRAR			CERTII	ICAIL OI DE	A111	REG.	NO.		
		CEASED NAME FIRST	,	WIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR 27
		ROSAL	E	事.	CH	MYT		1	-16-	16	12 PM
	3. SEX		4 RACE	100	5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		FEMALE	WHIT	Έ	DEC.		28	57	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVERMA		9 BALTIMORE CITY		OF DEATH	
2		OHIO	USA		WIDOWE		ORCED	BALTIN	MORE CI	TY	MD
A	ID CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		ROTHER INSTIT	UTION	12a USUAL OCCUPA	TION	12b. KIND C	F BUSINESS OR
4	2	BALTIMORE		PARK HTS		. APT.	3-F	HOUSEW			HOME
ú	USUA	RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					ADT	
Ŀ	P 25	ARYLAND 136 COU	NII	BALT IMO		13d INSIDE CIT	V LIMITS?	6807 PARK			#21215
Ē	1000	THER'S NAME				15 MOTHER'S		NE .			
5	s,	ADRIAN	MIDDLE	WILBUR		G	RACE	MIDDLE		MPBELL	
1	160 W	(AS DECEASED EVER IN U.S. A ES NOOR UNKNOWN) I IF YES, G	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMAN		. HILBERTO		APT.	3-F
		NO		217-26-	4945	6807 P	ARK HT	S. AVE.	BALTO.	-	21215
Ü		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (o), (b), o	and ici	111016	an'M	inspor	TNA	BETWEEN	MATE INTERVAL ONSET AND DEATH
f	15	IMMEDIA									
1	100	The Same									
		Conditions, if any, which	(b)	110	UTU	יח עט	11,010	103100			
		cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	UENCE OF	(A) (M)	in me	KNIM G	1120		
		The second second							(ナーレハ)	•	
	NO	PART 2 OTHER SIGNIFICANT	4 DRAT	DATRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 1:	0
0	CERTIFICATION	196 DATE OF OPERATION	19h CONDI	TION FOR WHIC	H OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	20b IF YES	S, WERE FINDING YING CAUSES	NGS USED
7	TIF							YES NO	YE		NO [
2	CER	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH (DAY YEAR	21c HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART I OR PART 2)	45 - 34
7	CAL	OR CONTRIBUTING CAUSE OF DE	ATO		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	5 + 0 + 52 5 1	211 LOCATION		CITY OR	TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE	(A) Home, Sta	LET, TACTORT OFFICE	raim, ere j					-1-17	
	36	22a I certify that (1) (this hasp	1			16-4	1986	_, to	16	19 36	that (I) (we) last
3		sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body	ofter death.	86 on	id that in (my) (a	ur) opinion d	eoth occurred on the	date and hou	ond from the	couses stated
ĕ		22b. SIGNATURE	TI	21	[DEGREE				22c DATE	. 0 /
	6	/111		num	_ 1	1.1). PH	YSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	1/1	6/86
1		LUIS F	GIME	Tez		S60	WCH	RAVEN	BLVD	21	239
	23a B	URIAL, CREMATION, REMOVA	23h DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION			
		SPECIF ENTOMBMENT	JAN.19		DRUID	RIDGE	lo in	PTKESV	LLE E	BALTO.	MD
	24. FU	NERAL DIRECTOR SOL L	EVINSON	& BROS.,	,INC.		250 DATE	REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNAT	URE

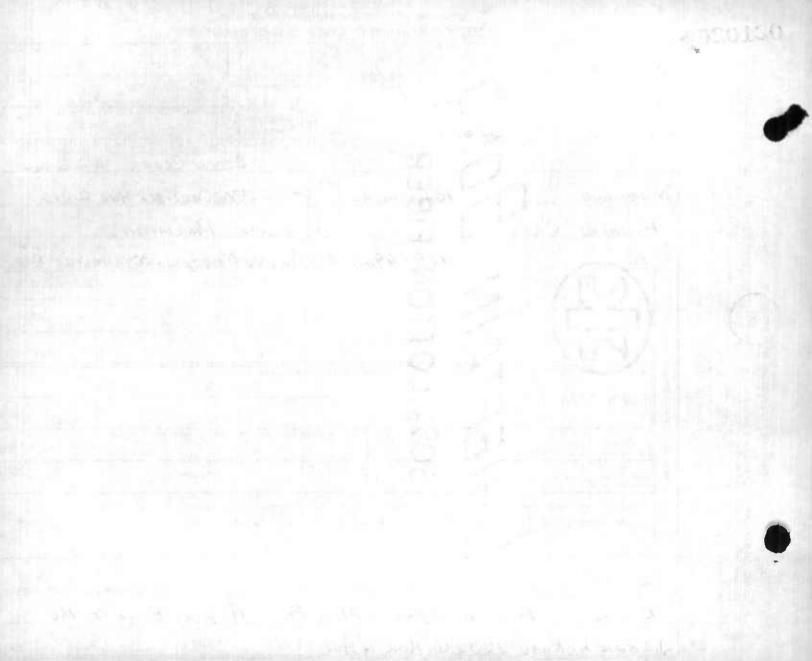
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SIRIS	3. SE	4. RACE		E (IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 20 DATE MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR 6:20
ON 2 OUR	N	PAKE COL	1-9-454	YRS.		DEAD	1/ 15/ ₁₉ 86 A M
R ALL X	70 B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRI	D NEVER MARRI	9 BALTIMORE CITY OR	COUNTY OF DEATH
	77	ALTINTORIS MID	U.S.A	WIDOW	ED DIVORC	Baltimore	City, MD
IS THE FILE	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		ER INSTITUTION	120 USUAL OCCUPATION (TYPE C	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
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ANY AND RETA	N	PARYLAND		MORE	YES NO		AUE 21216
AL AL	14. F.	ATHER'S NAME		7772752	15. MOTHER'S MAIDE	NAME	
P. S. J. S.		HARMAN C	MIDDLE LAST		1/FIRST	ALT DOGE	LAST
A SA SE	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	CE MARIARI ADDRESS	21216
RS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. I. PAGES I AND 2 SHOULD BE FILED, WITHIN 22 HOURS DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET,	(1	ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	16911	Moslina	CE MORROW 33	10 Man 1 . 01 = Que
A SISTEMATION OF THE PARTY OF T	H		nly one cause per line for (a), (b), and (166	/ MCS VERTIL	CAT TORIZOLO SOC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PERMIT.		PART I DEATH WAS CAUSE	D BY:		nolism		BETWEEN ONSET AND DEATH
O SEE		IMMEDIA	DUE TO, OR AS A CONSEQU		IOTTOIL		
FRANSIT HY		Canditions, if any, which		LIVEE OI			C. Market Market
N A A A A		gave rise to immediate couse (a) stating the under		ENCE OF			
201 UTE IN F EXA SIAL-		lying couse last.		ENCEOF			
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SA BE EX	Z	, and a prince and constitution.	CONTRIBUTION TO BEATH BUT HET RECEIVED TO	INC TERMINAL DISCASE	OK COMMITTION GIVEN IN PA	KI I (Q)	
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SIO SIO SHO RIO RIO	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 21e. PLACE OF INJURY (ATH	19	ATION		
DIVISIC S CERTII RITING REDED T E DEPA	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)		REET	CITY OR TOWN	COUNTY STATE
D THIS WAR		AT WORK AT WORK					
NER: ICATE, FORV TOR: B		22a I certify that I took char	ge of the remains described above, hel	ld on Autops	y , Inspection	n K., Inquiry and	in my apinion
MIN WELL		death resulted from: Nut	of course X Accident	Suicide .	Hamicide .	Undetermined manner,	
EXAMINER: CERTIFICATE ULD BE FOR URBECTOR: VINETURES: WARYLAND;			-b./		TITLE (SPECIFY)		
A H D H H H H	1	SIGNATURE	PUV	M.	o. <u>Assista</u>	at MEDICAL EXAMINER	DATE SIGNED 1/15/86
MEDICAL CUTE THE SE 4 SHO FUNERA FER DEATH	1	EXAMINER'S NAME					
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH A PAGE 4 SHOULD BE EXECUTED WITH A PAGE 4 SHOULD BE EXECUTED WITH A FOUND THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED TO FOUND BE FORWARDED TO THE CHIEF MEDICAL EXAMINED TO FOUND BE SHOULD BE USED AS A BURIAL EXAMINED BRITISH OF HEALTH AND MENTAL HYGIENE, BATTENDER, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT) Gr	egory R. Kauffman,	M.D.	ADDRESS	11 Penn St.	
202749	23a.B	URIAL, CREMATION, REMOVAL		OF CEMETERY OF	CREMATORY	23d LOCATION	COUNTY STATE
07/84 BP	-	WHALAL BURNALAL	1-18-86 ARBO	STUS ALL	EM PIK	HRBUTUS BAL	
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS	0	25a. DATE F	REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
(VR A15 ME (5))	5	DAGPH h. Ku	35 2722 WING	RTH HO	JE JAN	1 1900	



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- STATE REGISTRAR

TYPE OR PRINT

DECEASED NAME

STATE OF MARYLAND

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17 INFORMANT

24

LAST

5 DATE OF BIRTH

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WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

RTMENT OF	HEALTH AND	MENTAL HYGIEN	E
CERT	IFICATE OF	DEATH	

YEAR

DIVORCED

NOTE

151-01-4348 Robert Chew 2912 Vorkway

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Marian

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REG. NO

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

YRS

15 -

IF UNDER LYFAR

INDUSTRY

21222

LAST

21222

26 HOUR

126. KIND OF BUSINESS OR

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MD.

20 DATE OF DEATH

78

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

Housewife

LIYPE OF WORK FOR MOST OF WORKING LIFE)

13. STREET ADDRESS / ZIP CODE 2912 Yorkway

MIDDLE

ADDRESS.

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2/	2.7	ew Jersey	u.s	A	WIDOV
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10	B	altimore	mason	C F . C	Kon
56	13a S	AL RESIDENCE (IF NURSING HOME OR	YTY	LE CITY OR TOWN	4
72		3	timore	Dundalk	
60		lbert	MIDDLE	ruitt	Sr.
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.
	(no	LE WAR OR DATES!	151-01-	434
		18. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA! Conditions, if any, which	TE CAUSE (0)	CVA R AS A CONSEQUE AS Q	NCE OE
		gave rise to immediate couse (0), stating the underlying couse lost		R AS A CONSEQUE	NCE OF
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9	MEDICAL CERTIFICATION	? 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEA
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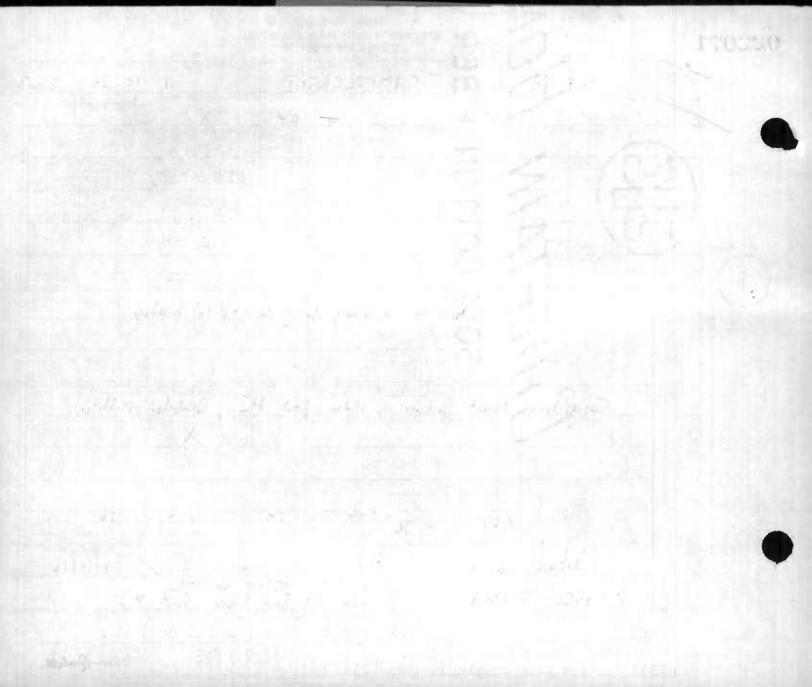
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE O	cause per line for (a), (b)	A A					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse iol, storing the underlying couse lost	(b) AS A CONSE	erD			O B		
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY	OCCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	IWN	COUNTY STATE
	27a. I certify that (I) (this hospital) sow the deceased alive an obove, (I) (we) Idid, (did nat) v	1115		2 7 19 and that in (my) (our)		oth occurred on the di	ote and hour or	that (I) (we) last
	John 7	Boyer	_ 1	DEGREE ATTEN PHYSI	DING CIAN	MEDICAL STA	FF CIAN []	22c DATE SIGNED
	TO hu T	BOX EI	R	??e ADDRESS				
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	01/18/86		emetery or crem		23d LOCATION CITY OR TOWN	altimo	ounty State or Md.
	uneral director onMelly Funera	al Home of	Dundal		250 DATE R	REC'D. BY REGISTRAR		

DHMH - 16 60M 7/84 (VRA 15, 4)

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0 54 40		CEASED NAME FIRST BERTHA	MIDDLE	CUM	LIELEWSKT	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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A		EMALE	HITE	^	5 DAY YEAR OF	81	MONTHS DATS HOURS MIN.
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AND 211	13a. S MC	The second of th	NTY 13c CITY	or town	YES NO	526 N. Liny	21201
MARYI and 22		THER'S NAME lam Szulkowsk		LAST	Martha	Unknown	LAST
ORE ORE	(2	/AS DECEASED EVER IN U.S. AR	VE MAR OR DATES	IAL SECURITY N		ADDRESS	2.2
B (1 B 1)	no			-16-289	8 Alexande	r Chmielewski	same address L APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
drank centri- drank centri- ove corbon-pol dulos, or semo- oumotic events		Conditions, if any, which	ED BY: TE CAUSE (0) DUE TO, OR AS A CO	surd v		ideald haritestriate	Ab Company
on W. PR d by the floore rem oil, cremo		gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CO	onsequence (DF .		
DS, 2 guiller her p to bur ijuny, r	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN. The inequality of the contending physician there is a property of the burnol-trainst permit. Then please in an ord Mentol Highers prior to burnol corked or them. Is shows any injury, an other orked or them. Is shows any injury, an other orked or them.	CERTIFICATION	190 DATE OF OPERA ON	196. CONDITION FO	R WHICH OPERA	TION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SIC And Description of the second of the sec	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFE HOTHER MOTHER MEDICAL EXAMINET	AIR	NTH DAY YE	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF THE MEM	IS PART I OR PART 2)
DIVISION NG PHY offer this os the bu th and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR	RY OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE
ATTEND aspital		22a. I certify that (I) (this hasp saw the deceased alive an abave, (I) (we) (did) (did	tal) attended the decease	ed from N		s to 19	hour and Iram the causes stated
ITAL OR Y by the ho RAL DIRE detoched fore Dept	i,	226 SIGNATURE WALLAND	John S		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
O HOSP Colored to though the MADGETA		22d. PHYSICIAN'S NAME (TYPE O	SYLVA		301 St Pa	RCY HOSPITAL L	N
estoce	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) 1 rial	1-23-86		OF CEMETERY OR CREMATORY	CIZY OR TOWN	COUNTY STATE
BP	_				Rosary Cem		
DHMH - 16 60M 7/84 (VRA 15, 4)		himunek Fune			21213	N 2 0 1986	GISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 008156 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH I. DECEASED NAME FIRST 26 HOUR (TYPE OF PRINT) January 5, 1986 Childs 7:00 P Russell 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX MONTH White Male Feb. 18. 1921 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY City Md. USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17e USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 1532 Wadsworth Way Ret. Oil Burner Service Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY
112c. CITY OR TOWNS 13b COUNTY 13e STREET ADDRESS / ZIP CODE 1532 Wadsworth Way 21239 1134 INSIDE CITY LIMITS? Baltimore Md. YES X NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sadie Collins Childs William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT

(IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mrs. Catherine J. Childs 215-12-1385 Same ves APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. FIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET 22a I certify that (I) (this hospital) attended the deceased fram. 9.24.85 sow the deceased alive on and that in my) (aur) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did plot) view the body after death 226. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 184PE ON PRINT 22e ADDRESS

Smi Brahim M.D.

St. Joseph Hospital

236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) ITY OR TOWN Burial Jan. 9. 1986 Dulaney Valley Mem. Cockeysville Balto. 24 FUNERAL DIRECTOR 250. DATE P.

YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT

\$ G

Leonard J. Ruck , Inc. Baltimore, Maryland

HOUR A.M. MONTH DAY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

STATE

Md.

Per in day Not. 611 Normer Services yes which I 219-1 -199 Mrs. Catherine J. Chille Mann

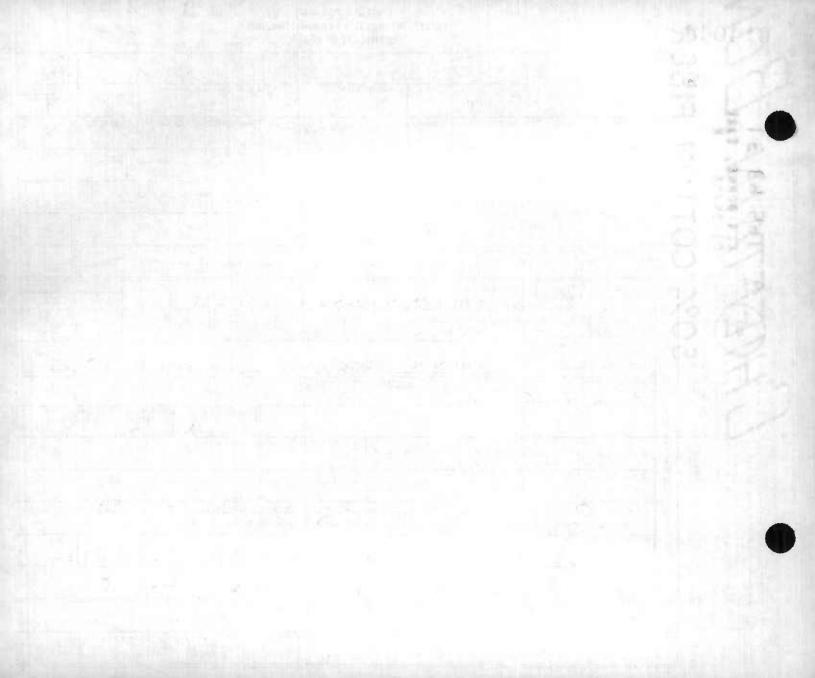
Nuria Jun. V. 1986 Balton Vellor News . . Cockeyeville Balto. Mar.

016035	١,	FOR STATE	DEPA	STATE OF MARYLAND STATE OF MARYLAND STATE H	YGIENE O U 7 2 4
110000	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
, m# (0)		CEASED NAME FIRST	WIDDLE	CIOFANI	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
moy be	3. SE	FRAN	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS.
ge 4	1	FEMALE	CAUC.	12 - 25 - 1900	85 YRS. MONTHS DAYS HOURS MIN.
4 70 97	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	
3 12 1-1	10.0	TAI-Y	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED ESING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
(E) (O)	出	ALTIMORE	504 3. LUZ	ERNE AVE.	(1) YE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER
美国李 人	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OROTHER INSTITUTION GIVE RESIDENCE BE UNITY 13c CITY OR T		13e STREET ADDRESS / ZIP CODE 41224
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ond on Poge 1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS		ADDRESS 21224
rs. Po		NO -	only one cause per line for (a), (b)	-OIG LORENZO	CIOFANI 5045. LUZERNE AV
is that the death certification by the attending properties remove carbon, rital, cremation, or removed; or other traumatic even		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PART I I O
require	TION				
he low on. hos be the prime ows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The paper of the paper		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
G PHYSICIA ottending pl er this certif s the buriol-t i and Mental	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDIN pitol or TOR, Af- for use o of Health		saw the deceased alive	on // 8/25 on 1		2 , to 7 , 19 6 , that (I) (a) lost on death occurred on the date and hour and from the causes stated
SPITAL OR A J by the hos VERAL DIREC be detoched e State Dept TANT: If Hem		22h SIGNATURE	Tibello	DEGREE ATTENDING PHYSICIAN	
HO Pure Pure Porte		Joseph R.	LIBERTO, N	10. 3508 BA	UK St - Bulleng, md. 21224
7	23a	BURIAL, CREMATION, REMOV, (SPECIFY)	Ja .	NAME OF CEMETERY OR CREMATOR	2 CITY OR TOWN COUNTY . STATE
BP		UNERAL DIRECTOR	1-10-86	TOTY REGERENCE USED	ALTIMORE MD ALTIMORE STATES SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	K	CZDROWSKI F	UNERAL HOME	FIEST ST 21224 J	AN 1 3 1986 Fulle Tairideon Frendalle

FRANCES CIREANI ATTO ENGINEERS. The street a tree of the territory and SESAWATAWA ALTA OX AHAY 215-16-11/A LENENZO CIDENNI SONÉ LICZERILETATE SARAL SEMINARE STATE OF THE SALES OF THE SAL Marie Could be with the season of the season STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

043	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND I	MENTAL HYG	IENE	REG, NO.				
()		CEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF	DEATH M	ONTH D	AY YEAR	2b. HO	JR
tooth State	TITPE	OR PRINT) EARL		S.	CLAIBO	RNE		JANUAF	XY 7.	1986		9:50	Ам
والمن و	3. SE.	(4 RACE		5. DATE C	OF BIRTH		6 AGE INYE		DAYI	IF UNDER 1 YEA	R IF UNDE	R 24 HRS
· ·		М		В	MINTH	5	02		84	YRS	ONTHS DAY	S. HOURS	MIN,
83		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		TRY? 8. MARRIE	D NEVER A	WARRIED D	BALTIN	-		OF DEATH		MD.
23	10 C	TY OR TOWN OF DEATH		CH FACILITY, GIVE S	IRSING HOME C	OR OTHER INST		120 USUAL C	CCUPATION FOR MOST OF V	VORKING LIFE	126 KIND INDUSTR	OF BUSIN	
and both	USU.	AL RESIDENCE (IF NURSING HOME TATE RYLAND	OR OTHER INSTITUTION	GIVE RESIDENCE		134 INSIDE C		13e STREET A		ZIP CODE	ייף מי	21	213
Je .	_	THER'S NAME	-				MAIDEN NA		IV. CI	1130 11	DI DI	• 64 4	2, 1 5
是人们	77	FIRST	MIDDLE	CLAIR		FANI	FIRST		MIDDLE		GRIF	ETN	
0		MES VAS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORMA			ADDRESS	5	GKII	L TIA	
medic		ES. NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)		7-7995		IAH CL	AIBOR	NE 17	750 1	V. СН	ESTE	R SI
t, the		18 CAUSE OF DEATH (Enter	TED BY								BETWEE	DXIMATE INTE	RVAL
even		IMMEDI	ATE CAUSE (a)	CARD.	OPULA	10NAG	3 15	TRRE	ST				
umatic		Conditions, if any, which	DUE TO, C	SEPS							4	day	,
r tro	50	gove rise to immediate	DUE TO 0	OR AS A CONSI								0.004	
athe		underlying cause last.		CHRON		BSTRUM	SVITS	LIM	P15	EASE	10	443	
ıjury, a	N C	PART 2 OTHER SIGNIFICAN	CONDITIONS C	1	TO DEATH BUT	NOT RELATED	TO THE TERM	NNAL DISEASE	OR CONDI	TION GIVE	EN IN PART	110	
any ii	ATI	190 DATE OF OPERATION			HICH OPERATIO	N WAS PERFO	RMED	20a AUTO			, WERE FINE		
2	F							YES	NOIS		YING CAUS	ES OF DEA	
9 sho	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN		DAY YEAR	21c. HOW IN	JURY OCCURE						
ked or He	MEDICAL	21d INJURY OCCURED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCATIO	NO	Mad	CITY OR TOWN	4	COUNTY		STATE
21 is mor	3	220.1 certify the (1) (this has saw the deceased alive to above (1) well did (did				nd that in my	, 19 SG	death accurred	an the date	and hour	and from the	, that (l)	
H Hem		226 SIGNATURE	not view the body	y after death.	A	DEGREE	ATTENDING	MEDICAL	STAFF			TE SIGNED	
Ž		22d PHYSICIAN'S NAME (TYPE	<u></u>		med		PHYSICIAN [PHYSICIA	NA	1,1	7/86	
IMPORTANT		Eric B	rever	ms		John		Hogk 1-		tosp	ger,		
7		URIAL, CREMATION, REMOVA			23c NAME OF C		CREMATORY	23d LOCA	OR LOWN		COUNTY		STATE
-		ÜRTAL	1-11	-86	ARBUT	US			BUTUS		M	ARYL	AND
M 7/B4		INERAL DIRECTOR	132 - 1	ADDR	ESS		0.0	E REC'D. BY RE	GISTRAR 25	REGISTE	RAR'S SIGN	ATURE	hand.
4)	W	M.C.MARCH F/	H INC.	1101	E. NOR	TH AVI	E JA	FV T ()	POO :	THE PROPERTY OF	मारम् वर्तकार्यः	- Madely	13/10



028064	FOR STATE REGISTRAR		D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATI	AL HYGIENE	6 0 REG. NO.	0 9	2 4
moy be the death	1 DECEASED NAM	William	MIDDLE	Clair 5. DATE C			OF DEATH MON	90 86	26 HOUR 3.50 PM AR IF UNDER 24 HRS 5. HOURS MIN
nount after death. Page 4 (it by the funeral director be filled within 72 hours of the conting washing	Male 70. BIRTHPLACE (COUNTRY) UNKNOWN 10. CITY OR TOWN Baltimo JSUAL RESIDENCE 130. STATE	OF DEATH 11.	Slock CITIZEN OF WHAT CO . S. A, NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G H. Vendon ER INSTITUTION GIVE RESIDER	UNTRY? 8 MARRIE WIDOWE NURSING HOME C IVE STREET ADDRESS) COCE COM ICE BEFORE ADMISSION	A8 0 DI NEVER MARRIE DI DIVORCE R OTHER INSTITUTION	P BALTI	AL OCCUPATION WORK FOR MOST OF WO	PRKING LIFE) 126 KIND INDUSTR	MD.
const within 24 s	Maryle IN FATHER'S NAM FIRST UNKNOV	MIDE	Bai	AL SECURITY NO	13d. INSIDE CITY LIM YES NO [15 MOTHER'S MAID FIRST HISTORY 17 INFORMANT		ADDRESS / ZII	er Stre	et 21230
officate be exemple of the inedial	I8 CAUSE C PART I. D		ne couse per lipe for to Y:	5-3972 Dio Pul	Mt.Verno	on Care (Center 80		aul Street
the requires that the death ca- been signed by the intending that There please tember carbo prior to buring creenthing to a only injury, or other troumants	gove rise couse (o), underlying PART 2 OTH	(DUE TO, OR AS A CO (c) IDITIONS CONTRIBUTION THE AND IPID CONDITION FOR	NSEQUENCE OF	IRE, C	HETERMINAL DIS	UTOPSY? 20	ON GIVEN IN PART b. IF YES, WERE FINE I CERTIFYING CAUSI	DINGS USED
DING PHYSICIAN The contending physician After the certificate his on the tourself tragers marked or them 18 shown	OR CONTRIBUT (IF EITHER, NO 21d. IN JURY WHILE AT WORK	NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MON P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM ETC)	21c HOW INJURY (211 LOCATION 51REET	YES [OCCURRED (ENTI] NO[]	YES	NO 🗌
TO HOSPITAL OR ATTENTATION AND A STATEMENT TO FUNERAL DIRECTOR should be detacted for with the Store Destruction of the S	saw the obove, (deceased alive on	ew he body ofter deot	19_ S 6 ar	DEGREE ATTEND PHYSIC PHYSIC ADDRESS	DING MEDIC	AL STAFF OR PHYSICIAN	22c. DA	TE SIGNED
BP	230 BURIAL, CREM (SPECIF) BURI 24 FUNERAL DIREC	AL	1/27/86	King Me		rk B/	CITYOR TOWN Altimore, BY REGISTRAR 256	CO, COUNTY M	d. ATURE
(VRA 15, 4)	March F	uneral Home	es 1101 Eaŝ	t North A	venue	JAN	1 1000	77-11-6	

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2000	(14)	E OR PRINT)	DEC	GINALD		CLA	DD				OF I	ESII:	1-10-	86 19	
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N S S S S S S S S S S S S S S S S S S S	1	male	black	MONTH DAY		LAST BIRTHD		S DAYS	HOURS	MIN. P	RONOUNCI DE AD	ED	1-10-	06	8:15
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NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,		REIGH COMMEN		USA			WIDOW	ED 🗆	VER MARRIE DIVORCE	D O	Balti				M
NAME OF THE PERSON	1	ITY OR TOWN		11. NAME OF HO	FACRITY, GIVE S	TREET ADDRESS)	, OR OTH	ER INSTITU	TION		ST OF WORKIN		OF WORK	OR INDUS	
12 E 8 M L		altimor			Hospi					un	employ	yed	TO THE		
E STAND		AL RESIDENCE TATE	(IF IN NURSING HOME O			OR TOWN	ON)	13d. INSIDE C	ITY LIMITS?	13e STREE	T ADDRESS	3		1	
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A PER PER	H	ubert				chell		Dor			Mibo			Clap	0
W STAN	160.	VAS DECEASE	ED EVER IN U.S. ARA	MED FORCES?	166. SOC	CIAL SECURIT	Y NO.	17. INFORA	THAN			ADDRESS		<u> </u>	
IRS AFT INTH R WITH R DIVISIO		No	(w res, dive	WAR OR DATES,				Doris	s Clan	n Was	shinat	ton 16	02 Po	liansk	i Ava
		18 CAUSE C	OF DEATH (Enter anl	ly ane cause per li	ne for (o), (b)), and (c).)				ф_п.			<u> </u>	APPROXIMA BETWEEN ONS	TE INTERVAL
ION ST. 24 HOI ITEM II IONG PERMII GIENE,	-	PARTID	EATH WAS CAUSED	D BY: TE CAUSE (a)		ple in	jurie	S						BEIWEEN ONS	ET AND DEAT
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PRES NAS NAS NAS NAS NAS NAS NAS NAS NAS NA			ans, if any, which	(b)											
OR TREAM		couse (a) stating the <u>under-</u>		R AS A CON	SEQUENCE (OF					- 10.00	7		
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AL RECORDS, 201 W. PRESINDED BE EXECUTED WITHIN 1" PENDICAL EXAMINER A SEA SA SA BURIAL - RRANSIT FHEALTH AND MENTAL HY AL, CREMATION, OR REMO		PART 2 DTHER 5	SIGNIFICANT CONDITIONS		TH BUT NOT RELA	TED TO THE TERM	INAL DISEASI	OR CONDITIO	N GIVEN IN PART	T l n					
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TAL HOUL RD "11 USE OF H RRIAL	FIC													YES V	NO 🗆
OF VI	CERTIFICATION	21a EXTERN	AL CAUSE WAS	21b. TIME (OF INJURY		21c HC	OW INJURY	OCCURRED) LENTER NA	TURE OF INJURY	Y IN ITEM 18 P	PART I OR PART		NO L
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "FENDING" IN PENCIL IN 1FEM IS REDED TO THE CHIEF MEDICAL EXAMINER ALONG RESTANDLUD BE USED AS A BURIAL. TRANSIT PERMIT E DEPARTMENT OF HALTH AND MENTAL HYGIENE, OF PRIGR TO BURIAL, CREMATION, OR REMOVAL.	1 N	UNDERLYING	G XOR ING CAUSE OF D	79481	Mwania	0-86 YEAR	pec	lestri	an st	ruck	by a	vehic	:le		
ISIO NG NG SHOP	MEDICAL	21d INJURY			OF INJURY			CATION							
TO MEDICAL EXAMNER: THIS CERTIFICATE EXECUTE THE CERTIFICATE. WRITINGS THE WPAGE 4 SHOULD BE FORWARDED TO THE TO FUNEAL DIRECTOR; PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PRIGR TO	¥	WHILE AT WORK	NOT WHILE X	Street, FA	eet	TC.)	320	oo blk	. Gar	risor	Ave.	Balt	imore	Mary	land
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AN SUN AN		1977	tify that I took charg			TY1 "	Autop		Inspection		Inquiry L		d in my apin	ian	
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WE STAND	-	EXAMINER'S	NAME Mari	garita A	. Kore	11, M.D		111	Penn	Stre	et				
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a B		ATION, REMOVAL 2			NAME OF CEA		R CREMATO	DRY	23d. LOC	ATION				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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	1	REGISTRAR

STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		FIRST	A	AIDDLE	Į.A.	ST		20. DATE OF	DEATH	MONTH	DAY	YEAR	4	
	DECEASED NAME	FIRST										TEAR	26 HO	JR
X	TYPE OR PRINT)	MARY	FITZ	ABETH	CLA	RK		01		01	12	86	11:	10 pm
٦ŀ-	esu.	14414			5. DATE O			6 AGE INY					IF UNDE	70.6.(
P	FEMALE		4 RACE WHIT:	F	MONTH		YEAR	& AGE INY	EARS LAST BE	RIHDAY)	MONTHS	ER I YEAR	HOURS	MIN
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10	CITY OR TOWN O			HOSPITAL, NURSIN		ROTHER INSTI	ITUTION	120 USUAL				KIND C	F BUSIN	ESS OR
2	BALTIMORI			AMARITAN		TAL OF	MD		memal			1		
, U:	SUAL RESIDENCE													
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14.	FATHER'S NAME		MIDDLE	LAST	9	15 MOTHER'S	MAIDEN NA	νE	MIDDLE			LAS		
)	Ower			Simps	on		Mary		MIDOLE			LAS		
16	WAS DECEASED	VER IN U.S. AR	MED FORCES?	16h SOCIAL SECL		17 INFORMAN	NĪ		ADDR	ESS				
	(YES, NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES)											
	No			108-20-5	052	Mr. Ow	ven G.	Clark	same	as #				
Г				line for (o), (b), on	d (ci.)							BETWEEN	MATE INTE	RVAL
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	the second secon					1000								
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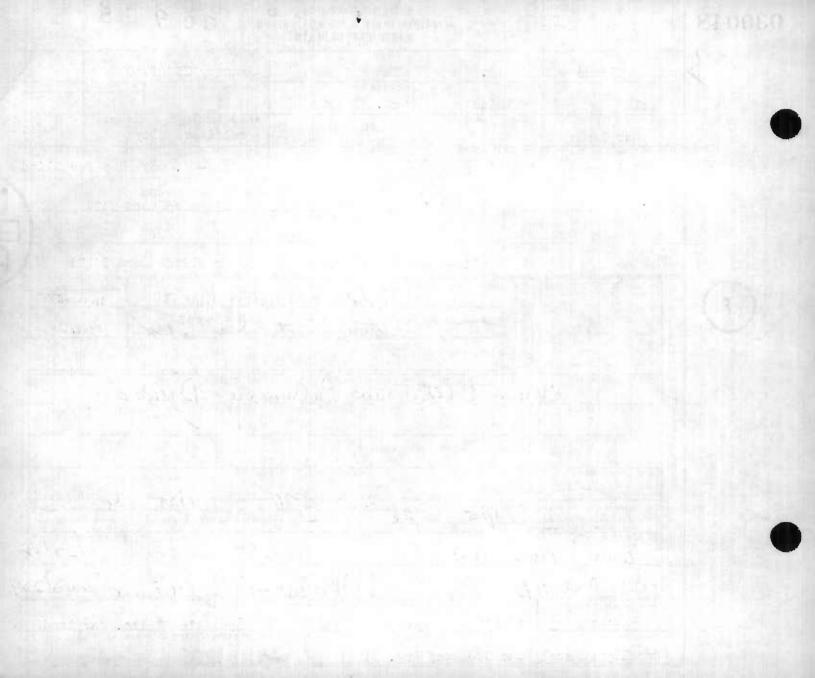
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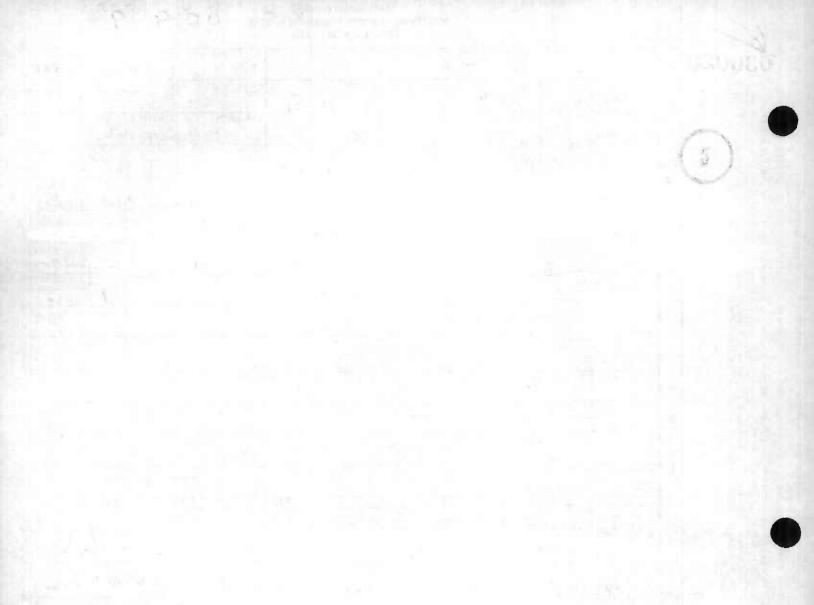
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7 × × ×		SPECIFY)	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
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Connelly Funeral Home 300 Mace Ave. 21221



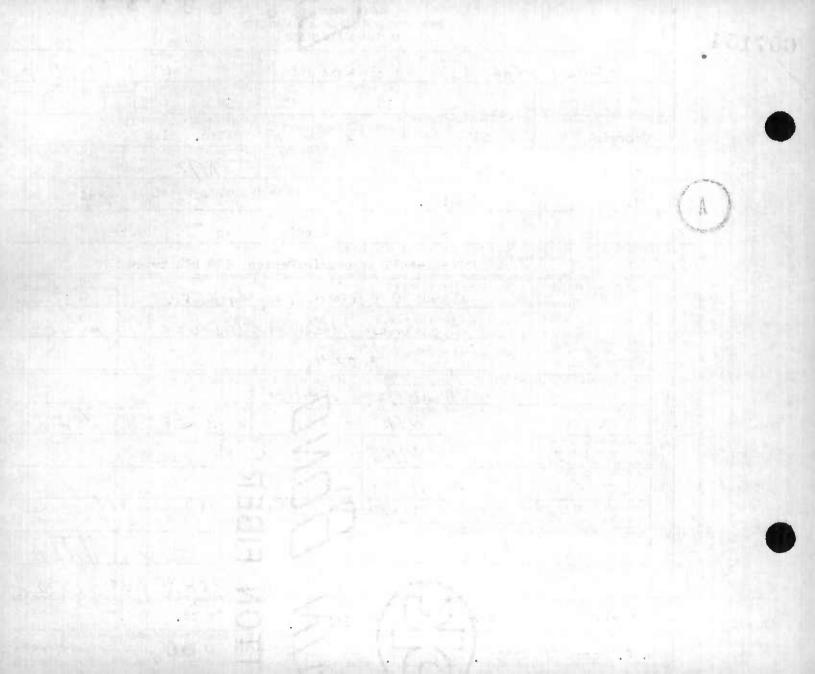
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	1.	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND \$\(\frac{6}{2}\) BEALTH AND MENTAL HYGI ICATE OF DEATH	ENE OO REG. NO	929	
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O 4 9	7a. B	Female IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	OUNTY OF DE	ATH	
4 15 17		Georgia	US		WIDOW		Balto. Ci	ty		MD
o de	10 C	Balto.	(IF NOT IN SUC	HOSPITAL, NURS CHEACILITY, GIVE STRE	ING HOME (OR OTHER INSTITUTION	128 USUAL OCCUPATION	ORKING LIFE) 12b.	KIND OF E	BUSINESS OR
4 hour 222	130 S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		13c CITY OR TO		136 INSIDE CITY LIMITS?	1301 Urban	IP CODE	nel	
24 (A)	-	Md.		Balto.		YES 🔀 NO		way 212	2.7	
MARYTAND 2120	00	Charles	MIDDLE	Farmer	r	15. MOTHER'S MAIDEN N Kattie	Mae	Stidan	LAST	
Die de court	16a \	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS			
E		yes, no or unknown) { IF yes, GI	VE WAR OR DATES	214-24-4	4893	Doresia Por	ter 6110 Plant	view Wa	y	
BALLIMORE, cate be execu- appert. Fages		18 CAUSE OF DEATH (Enter o	nly one cause per	r line for (a), (b), a	ind to				APPROXIMA	SET AND DEATH
1 祖 福克斯斯		PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (0)	CARD	10 P	ULMONAR	Y ARRES	T	4.	Jonin
ding orbit				R AS A CONSEQ					-	
deat deat in		Conditions, if any, which	((b)_	7	eni	. (tean)	Disease		6	113
the of the certification		gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEO	JENCE OF	1		2 1 1		
by by oth	1	underlying couse lost.	(6)_		r	ONZ				
RDS, Zu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDIT	ION GIVEN IN	PART Ira	
DIVISION OF VITAL RECORDS, 201 W. PRESTON SING PHYSICIAN: The low requires that the death cert rattending physician. Wher this certificate has been signed by the attending as the burial-transit permit. Then please remove corbin th and Mental Hygiene prior to burial, cremation, or reported or them 18 shows any injury, or other traumatic.	CERTIFICATION	190 DATE OF OPERATION	195 COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED	YES AUTOPSY?	Db. IF YES, WERE N CERTIFYING O	FINDING	S USED F DEATH?
NITA Prysicions Tronsis	E E	218. ACCIDENT WAS UNDERLYING			11/ 11/ 11	21c HOW INJURY OCCU				
SICIAN: ng physic certificat mol-from ental Hy	AL	OR CONTRIBUTING CAUSE OF DE		.M. MONTH	DAY FEAR		NIA			
offending fer this ce s the burn ond Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	(211 LOCATION STREET	1 CITY OR TOWN	co	UNIY	STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this hosp	ital ottended Al	ne deceased from	121	23 198	(10 /1	. 19	G, the	ot (I) (we) last
TTEN Pitol for up		saw the deceased alive at above, (I) (wey/dig) (did n	The second secon	19	1.0.0	nd that in (my) (Cur) opinio	on death occurred on the date	and have and f	om the co	uses stated
R A hos hos hed		22b SIGNATURE	JI Wew The body	Offection		DEGREE			L DATE SH	
TAL C By the RAL D State D State D		22d. PHYSICIAMS NAME (TYPE	Ka	le	1	ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	VDK	44	16
TO HOSPITAL retained by the TO FUNERAL should be deto with the State		STUF	HRT	KA	12	4940	KASTERN	AUR	12	1224
BP	23a I	BURIAL, CREMATION, REMOVAL		6-86		Hill Cem.	Balto.	Md .coun	TY	STATE
DHMH - 16 50M 4/83		UNERAL DIRECTOR		ADDRESS	3 3 9	250 D	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S	SIGNATUR	E A Second a form
(VRA 15, 4)	Wi	m. C. March F/H	1101 E	. North	Ave.	20-00	JAN .3 1986	1 wow de	11d201-	-Mandalle

STATE OF MARYLAND

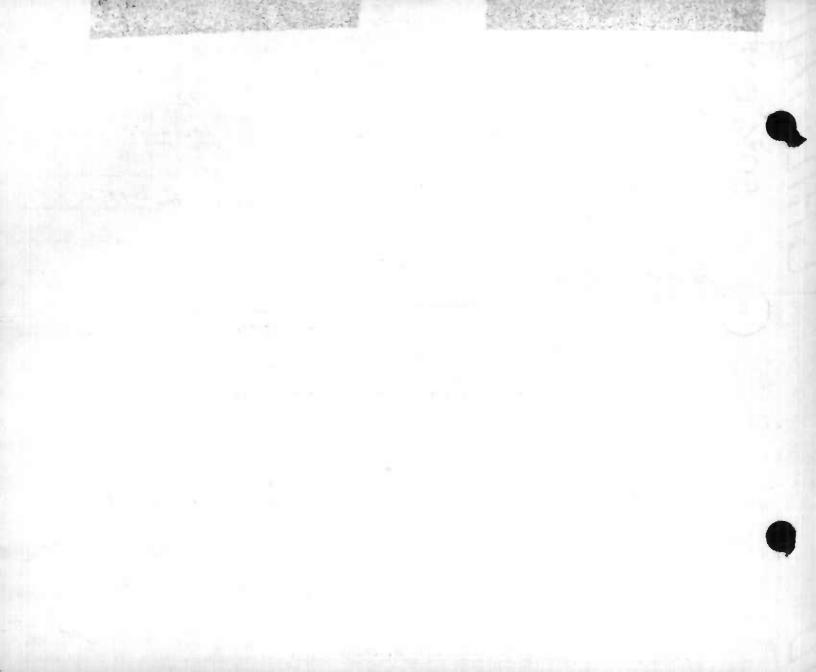


	1-	FOR STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND OF EALTH AND MENTAL HYDICATE OF DEATH	SIENE OO	931	
028042		CEASED NAME PIRST		MIDDLE	OHE	AST	1	1-19-8	C ZOA
and mo	3 SEX	M ALE	4. RACE	HILLE	MONTH	4 97	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIE	BALTO	CATY	ALL MC
19di	B	TY OR TOWN OF DEATH	L EV W	CHEACILITY, GIVE STREET	G HOME C ADDRESS) BREW I	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O SALESMA	OF WORKING LIFE) INDL	KIND OF BUSINESS OR USTRY ETAIL
	13a. S N	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COULD NOT A STATE 13b. COULD NOT A STATE NAME		BALT IMO	N	134 INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA	13e STREET ADDRESS 111 W. CEN	ZIP CODE TER ST.	#21202
2 8 1		UNKNOWN	MIDDLE	COHEN		FIRST	UNKNOWN		(AST
135		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (# YES, GI YES	MED FORCES?	166. SOCIAL SECU		17 INFORMANTHEBRE 9 W. MULBE		LTO., MD	21201
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D RY.	rline for (o), (b), one		banacs		. 86	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH_
dending operated show or n		Conditions, if ony, which gove rise to immediate	DUE TO, C	OR AS A CONSEQUE	NCE OF				Iday
73.79 FIDA.		couse (a), stating the underlying cause last.	(c)_	AWTE M	40 ca		אדו ע מרט.		4 day
A Paris	NOI	PART 2 OTHER SIGNIFICANT						HELL	Sauvae in
he look	CERTIFICATION	19a DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	AUSES OF DEATH?
OF VIII. CLAN: 1 B physic errificote iol-trons ntol Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION	~ ~	OF INJURYM. MONTH DA	YEAR	2 Ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I ORP	'ART 2)
G PHYS offendin	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	Own COU	INTY STATE
TTENDIN pitol or TOR: Af for use o of Health		220 I certify that (1) (this hasp sow the deceased alive or above, (1) we) (did Adid no			10-	nd that in (aur) opinion	, 10	lote and hour and fro	
by the hosy ERAL DIREC se detoched Stote Dept.		226 SIGNATURE	Purps	oner deom.		PHYSICIAN [MEDICAL STA	FF	DATE SIGNED
HOS Pould by the PORT		A J .	LUCCO			210 ADDRESS 2434 W	BELVEAUS	¿ Ave	BALTOMO
₽₽ <u>₽₽₹₹</u>	23a. B	SURIAL, CREMATION REMOVAL		_,		ORE HEBREWORY	23d BALITIMO)RE COUNT	MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	1	UNERAL DIRECTOR SOL NAME 010 REISTERSTON		N & BROS. BALTO., M		21215 25a DA	RECD. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
	_				_				

C1 700 34 15 34 3.72 F 194 APR 150 784 Maria Maria DE 1 5 ----WILL TAN DE The second of ----2-2-2-2 F - 7 - 7

	ECEASED NAME FIRST	1. Coker	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
m = (IYE	Melba	m.	Coter	Jan 8	86 10:40PM
agod rotos	Exemale	A RACE White	S. DATE OF BIRTH MONTH 1 7 18 1920	Los YRS MO	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
10 T2 hou	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	F DEATH MD.
23 1/0	3 cltmor	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION LET ADDRESS)	120 USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING LIFE) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY Home Maker
belled B 13e	ATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TO Baltim	WN 136. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE A	21225
300)	Lynn	MIDDLE FORCES? TION SOCIAL SE	MARY	MIDDLE	TANDERS.
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 220/02/		y 12 Margaret Ave,	Pasadena Md
Arresto (20pers. neval.		nly one cause per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y the tending se remove Office crevation, or re other traymatic e	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	vere meunon	ic Cc. of the Lun	
Then pled to buriel mjury, or a	PART 2 OTHER SIGNIFICANT OF	101	O DEATH BUT NOT RELATED TO THE TER		M PART IIO
Sylphone prilor for the Sylpho	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
222 - 0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
the this certified on the Medical	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E. FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Sforms of Next And	saw the deceased alive an above, (I) (we) (did) (did no	ital) attended the deceased from 19 at) view the bady after death.		death accurred an the date and hour o	
2000	27% SIGNATURE	Ti foli	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/8 86
A detoc	Colores Colore	separati / 1	22e ADDRESS	-	
O FUNEAL DI hoold by defect with the Store De APORTANT, # 11	MONO E	· Codmour	NAME OF CEMETERY OF CREMATORY	anwer J7 Be 17	for sun

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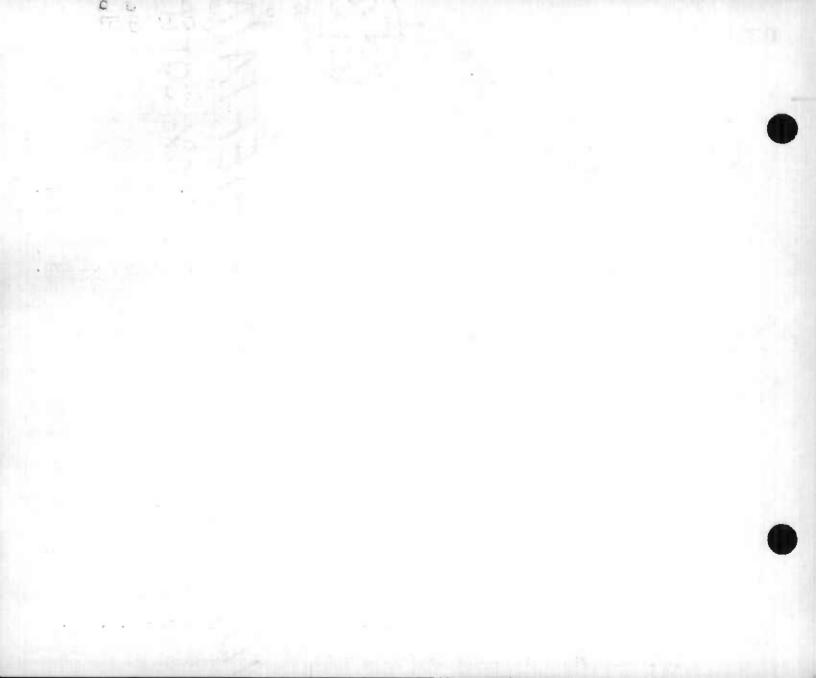


- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DITTOL de Variential a ... CLEMEN Augustin March

027023	Ł	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
noy be	(TYP	CEASED NAME FIRST ROBER		COLLIER	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR-					
Poge 4 moy	3. SE	$^{\times}$ M_{ale}	RACE Black	5. DATE OF BIRTH MONTH 12 02 22	6 AGE (IN YEARS LAST MITHDAY) FUNDER 1 YEAR # UNDER 241 MONTHS DAYS HOURS A YRS.					
death. P.		IRTHPLACE (STATEOR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALTINON I					
as offer		BALTIMERE	(IF NOT IN SUCH FACILITY, GIVE STRE	1 HOSPITA	126. USUAL OCCUPATION 126. KIND OF BUSINESS INDUSTRY					
filled in 24 hou hould be	13a.	MD 136. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO	WN 134 INSIDE CITY LIMITS	Bell Bank Apts / 21215					
d completely ses fond 2 s		210 20 2 0	Collier LAST	15. MOTHER'S MAIDEN Carrie	e Davis Collier					
te be execution and copers. Pages of.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GY NO	RMED FORCES? VE WAR OR DATES) 166. SOCIAL SEC. 323-12	0/34	ADDRESS Dorsey 3815 Ridgewood Ave					
equires that the n signed by the Then please rem to buriol, cremo injury, or other the	NO	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
sicion. The low residual strong stro	CERTIFICATION	196. DATE OF OPERATION	19% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
HYSICIAN: The nding physicio phis certificate the buriol-tronsit is buriol-tronsit at Mental Hygie or Item 18 sho	MEDICAL CE	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH I	DAY YEAR	URRED (ENTER NATURE OF INJURY IN 11EM 18, PART 1 OR PART 2)					
ING PHY r offending Mer this os the bu th and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	CITY OR TOWN COUNTY STAT					
O O E			ot) view the body after death.	-21	on death occurred on the date and hour and from the couses state					
PITAL O by the ERAL D se detac State D ANT: If I		Mena 22d. PHYSICIAN'S NAME (TYPE C	_	22e ADDRESS	MEDICAL STAFF					
TO HOS retained TO FUN should be with the IMPORT	23a.	MEENA KS DURIAL, CREMATION, REMOVAL		S/A NAME OF CEMETERY OR CREMATOR	Y Z3d LOCATION					
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	В	uriak Uniak Uniak Uniak Uniak Uniak	, , ,	oodlawn Cemeter	CITY OR TOWN COUNTY STATE					



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	OT.	17 14		C#386	oleso).
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telcherus	ellusano.	(500) 3	ric. Krael	e, sell	PERSON & CH
SEES druid innovi	1102 - [120 25 L		inelyse
		VIII.	22/140		et class
Market Market	no line	Marina materia	\$1.17 - Se-10		
				100	
A LANGE DAY	ue nede	ELECTRON DOVE	7040		875TL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RE	G.	NO.

1.		REGISTRAR					REG. N	10.			
		EASED NAME FIRST ROBERT	MIDDLE .	LAST	OOK		20 DATE OF DEATH	8-6	DAY YEAR	26. HO	UR 2
10	SEX		4 RACE	5 DATE OF			AGE IIN YEARS LAST BI	PTHDAY)	I IF UNDER 1 YE	AR IF UNDE	FR 24
				MONTH	DAY	YEAR	(11		MONTHS DA		^
		.1e THPLACE STATE OR FOREIGN	White	9	6	1921	67	YRS.	V OF BEATH		
21		DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER !	MARRIED -	9 BALTIMORE CITY				
	_	ryland	U.S.A.	WIDOWED		VORCED	Baltimore			050.151	15.00
21	1 (1)	Y OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 		OTHER INS	TITUTION	120 USUAL OCCUPAT			OF BUSIN	IESS
and the same		ltimore	Francis Scott K		ical (Center	Toe Motor	Opera	atorV	lareho	ou
		TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		34 INSIDE C	ITY LIMITS?	13. STREET ADDRESS	/ ZIP COD	DE		
The Person Name of Street,			imore Dundalk		YES 🗌	NO K	8054 Kimbe	rly F	Road	21	12
经生	FA	THER'S NAME FIRST A	AIDDLE LAST	1	5 MOTHER'S	S MAIDEN NAM	AE MIDDLE			LAST	
-	_	nshaw	Cook			rtrude			Bi	11	
16		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECL	JRITY NO. 1	17 INFORMA	INT	ADDR	ESS			
0	Υe	s WW	II 215-18-6	483	Patric	cia A. (Cook	San	ne as 1		
5	-1	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (0), (b), and DBY:	id (c).)		I			BETWE	OXIMATE INT	ERV.
a de	-1		DUE TO, OR AS A CONSEQUE	ENCE OF							
E S		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF							
	-1	gove rise to immediate cause (a), stating the	(6)	Electric Control				-7			
	1	underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF					- 18		
	1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERMI	IN AL DISEASE OR CON	IDITION G	IVEN IN PART	lio	_
1	Z O	0 /4 /	nain damas								
5	3	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FIN		
	≣						YES NOD		YES [NO NO	
0	5	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	AV VEAD	21c. HOW IN	JURY OCCURR	ED (ENTERNATURE OF INJU	JRY IN ITEM 18	PART TOR PART	2)	
4	4	OR CONTRIBUTING CAUSE OF DEAT	IH .	19							
1	Ě	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	NC	CITY OR 10	OWN	COUNTY		STA
, 3	8	WHILE NOT WHILE	AT HOME STREET, FACTORY, OFFICE, F	FARM ETC)	21KEE		CITOKI	4	COUNT		317
	1		al) attended the deceased fram_	1/12	-186	. 19		186	, 19	_, that (I)	(we
		saw the deceased alive on obove, (1) (we) (did) (did not	2m 15 19	86 and	that in (my)	(aur) opinian d	leoth accurred on the d	late and ha	our and fram t	he couses s	tat
	1	22b SIGNATURE	view the body after deoth.		GREE					TE SIGNED	
		Patric	~ CATAS		-	ATTENDING PHYSICIAN	MEDICAL STA		- 1110	1/82	
		224 PHYSICIAN'S NAME (TYPE OF	PRINT)		22e. ADDRES		DIRECTOR TITIS	CIAIT DE	1	, , , , ,	
3 / 1		PATRIC	10+ CHSiA		PSKN	nc 49	740 Easter	- 1	tre		
23		JRIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEA	AETERY OR	CREMATORY	23d LOCATION		COUNTY		51A
	Cr	emation	1/16/1986 We	stview			Baltimor			Maryl	
7/B4 24	4 FU	NERAL DIRECTOR Duda - RI	ick, Inc.			250 DATE	REC'D BY REGISTRAR			ATURE	
	79	22 Wise Avenue		cvland	21222	MAL	1 6 1985	achin, Ja	asudana_	445	6

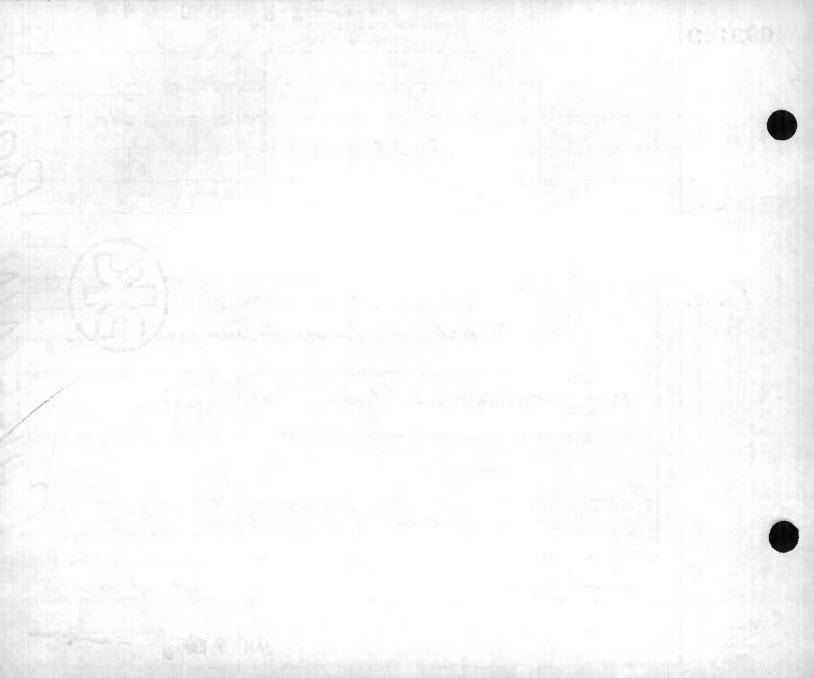
FOR STATE REGISTRAR

STATE OF M DEPARTMENT OF HEALTH CERTIFICATE

ARYL	AND	HYGIENE	
AND	MENTAL	HYGIENE	
OF	DEATH		

		REGISTRAR				TURIL OF	DEATH	REG. N	0.			
		CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOL	JR
	11116	Margaret	ta	Μ.	Coo	per			1	3 1986		м
	3. SE	X	4. RACE		S. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	
		female	black		10		1923	62	YRS	MONTHS BATS	HOURS	MIN.
9		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER		9 BALTIMORE CITY O				
1			USA		WIDOWE		NORCED	Baltimore	city			MD.
		altimore	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Dandview	ADDRESS	enue	TITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF UNEMPTOY		LIFE) 126 KIND C)F BUSINI	ESS OR
3	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	Baltimor	/N	13d INSIDE	NO 🗌	13e.STREET ADDRESS / 4215 Rola			15	
0		ATHER'S NAME Alexander	MIDDLE	Brooke	r	15 MOTHER Anna	'S MAIDEN NAM	Mae Mae	8	120	kson	
7		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU		17. INFORM	ANIT	ADDRE	- 55	Uac	KSUII	
			E WAR OR DATES)	220-14-8						a Avenue	Y	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)										
		PART I. DEATH WAS CAUSE	D BY:	min	com	dia	1 cm/	an hin		DETWEEN	ONSET AND	DEATH
		MINICOIA			THE OF		-				- 1	
		Canditions, if any, which	DUE 10, 0	R AS A CONSEQUE	1)	Merin	celiante	0	11	discone		
	.91	gave rise to immediate) 10)-	14000	1/_6	Javie.	Corpr	- Caronago	M. 15.	ances		
		underlying cause last.	DUE TO, O	r as a conseque	ENCE OF							
		PARL 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	20	Chronic Ohe	huch	melman	10 11	Lucias		riacomuel	14			
)	CERTIFICATION	190. DATE OF OPERATION	196 COND	IT ON FOR WHICH	OPERATIO	N WAS PERF		206 AUTOPS 2 206 IF YES, WERE FINDINGS US			VGS USE	D
1	TIF							YES T NOT		TIFYING CAUSES	OF DEAT	
3	CER	210. ACCIDENT WAS UNDERLYING	216 TIME O			21c HOW II	VJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
9	AL	OR CONTRIBUTING CAUSE OF DEA	110	m. Month da m	19							
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCAT						
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET FACTORY, OFFICE F	ARM, ETC.)	STREE		CITY OR TO	WN	COUNTY	S	STATE
		22a I certify that (1) (this hosp)	tal) attended the	e deceosed from_			. 19	, to		. 19	that (I) (v	we) last
		saw the deceased alive an above, (1), (we) (did) (did no	t) view the hady	ofter death	, ar	nd that in (my	(aur) apinian d	eath occurred an the do	ate and he	our and from the	causes sta	oted
		226. SIGNATURE	11	oner deom		DEGREE				22c DA/TE	SJGNED	
		Atomy M	Har	us	M	. 7.	ATTENDING PHYSICIAN,	MEDICAL STAF	F IAN	1/6/	86	
		220 PHYSICIAN'S NAME (TYPE	a spray /			22e ADDRE		1 0	-	//		
		Allery m	Havo.	.5		300 M	mory a	Thee Bur	4. m.	1. 3.7.	01	
	230 B	SPECIFIE	23b. DATE				CREMATORY	23d LOCATION		COUNTY		TATE
		Burial	1/7/86	Ba	Itimor	re Nat		Baltimore				٧d
		JNERAL DIRECTOR 11iam (March		ADDRESS			250 DATE	REC'D. BY REGISTRAN	25h REGIS	STRAR'S SIGNLA	Abbriga	-
	Wi	lliam (March	F/H Was	+ 1300 11:	abach	Augnie	U, U	AIN , I IDEN	0			

DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

027093	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND \$\(\) DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10.			
1		OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	TITLE	F	ROBER	T F	RANCIS	COL	RNISH	JANUARY	21, 1	1986		М
	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR		
		Male		Bla	ck	No♥"	14,1904	81	YRS	MONINS DATS	HOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY				
		ryland		U.S.		WIDOWE	DIVORCED	Baltimor		у		MD.
		TY OR TOWN OF DEA	HTA				OR OTHER INSTITUTION	17g. USUAL OCCUPA		12b. KIND C	OF BUSINES	SOR
4		ltimore		823 Edmondson Avenue				Beth. S	teel	133	Stee	-
0		AL RESIDENCE (IF NURS	136 COUP		Baltimo		13d INSIDE CITY LIMITS?	136 STREET ADDRESS	/ ZIP CODE	2	122	8
ž		ryland			partimo.	r.e	YES NO		ndson	Aven	ue	
SO ₄	_	THER'S NAME		MIDDLE	LAST		Elizabeth	AME	Cor	nish LA	ST	
4		seph			rnish					IITPII		
	(Y	VAS DECEASED EVER	I (IF YES, GIV	E WAR OR DATES	166 SOCIAL SECUI		17 INFORMANT	ADDI		G./	03.0	0.7
	I.	No N/		A	217-05-	<u>5355</u>	Beulah Co	rnish 725	Georg			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ly ane cause per	line far (a), (b), one	licht		110 6	474	BETWEEN	ONSET AND DE	ATH
	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E CAUSE (0)	aracop	ulm	whary a	west				
				DUE TO, OI	R AS A CONSEQUE	NCE OF	0011	0 1			150	
		Conditions, if any,		(b)	Hyperte	15 IVE	Caracova.	scular d	Islasi	2 4	15	_
		couse (a), statir underlying cause	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
Н		(c)										
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							EN IN PART 1	o		
_	AT10	19a DATE OF OPERA	LION	TUILU	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
2	MEDICAL CERTIFICATION	THE DATE OF CITERA		170 COND	morrow winer	O' EKANO	TO THE OWNER	YES TO NO X	IN CERTIF	YING CAUSES	S OF DEATH	?
	ERT	71a ACCIDENT WAS UNI	DERLYING T	7 21b. TIME O	F INJURY		21c HOW INJURY OCCU	_ y~	ио П			
1	71 0	OR CONTRIBUTING	CAUSE OF DE	TH HOUR A.	M. MONTH DA			THE (ENTER NATURE OF INJUST IN TIEM IS PART OKPART 2)				
Ч	DIC	(IF EITHER NOTIFY MEDI	-	P.I		19	211 LOCATION					
	ME	WHILE NOT WE	3,00		REET, FACTORY, OFFICE FA	RM, ETC)	STREET	CITY OR T	OWN	COUNTY	STA	TE
		22a I certify that (I)	_	tal) attended th	e deceased from		1 10 85	t 10 102	3 -	10 85	that the (w)	e) last
		saw the deceas	ed alive an	12	19	85. on	nd that in (my) (our) apiniar	death accurred on the	date and hav	and from the	-	
		obave, (I) (we) (ala) (ala no	T) VIEW THE BODY	affer death.	1. 1	DEGREE			22c. DATE	SIGNED	
H	×.	(0)	no C	1 XII	inn	N	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIANO	1-1	23-8	6
		124 PHYSICIANS N	AME TIPE	RPRINT)			22e ADDRESS					
		JA	NE /	7 Qui	nn		225 Gr	eens St	Balt	more	0 14	D
	23o B	URIAL, CREMATION,	REMOVAL	73h DATE	1236 N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(:	SPECIFY) Buria.	1.	1/25/	/86 Md	. Na	tional Mem	.Pk. Laur	el, Ma	arylar	nd STA	TE
F	24 FU	INERAL DIRECTOR		11.600			25a. D.A	TE REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNAT		-
	Le	roy O. D	yett	4600 I	lb. Hght	S.AV	e.	TO 7 1000	Polin Ji	THE STATE OF	2000	

150130 The manufaction of the property of the property of the contraction of Jos A Course 12 5 Grant So School had

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2n DATE OF DEATH MONTH 2h HOUR January 23. 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 36 STREET ADDRESS / ZIP CODE 3606 Woodlea Ave. 21214 Massanchishi Mr. Harry R. Correa. Jr Same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

> > COUNTY

STATE

STATE

10 days

22c DATE SIGNED

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

STATE

Leonard J. Ruck, Inc. Baltimore, Md. (VRA 15, 4)

24 FUNERAL DIRECTOR

JAN 24 1980

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Mr. miles

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o 21 -42-7216 Mr. Harry R. Conner, or 2000 on 17c

January 25, 1985

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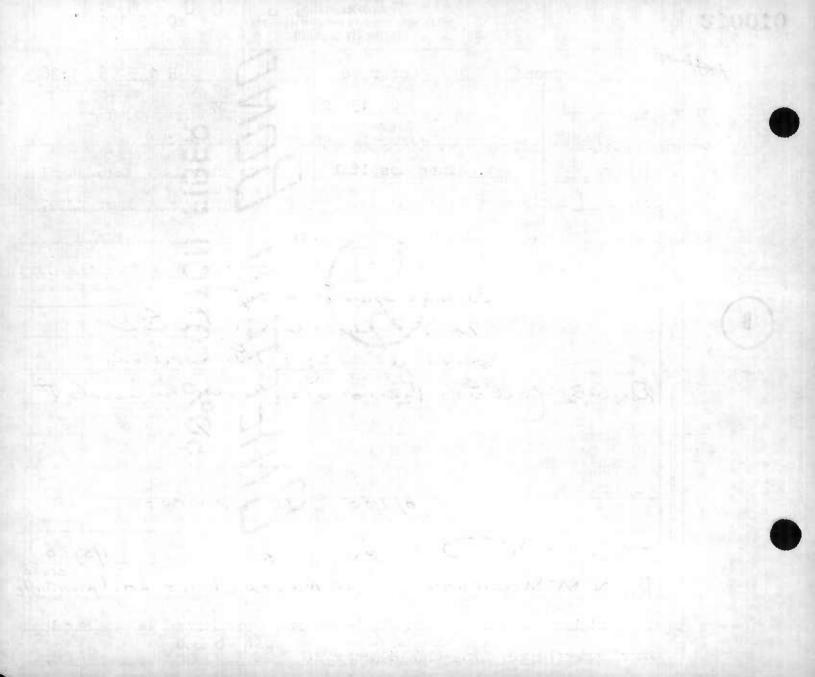
hastvast, orosidist

Arthur J. Lebson, J.B. 2000 Pords En.

1-07-86 Louisian 1917

leonard d. nel, Inc. Baltimore, Mi.

STATE OF MARYLAND 010012 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR YPE OR PRINTI Raymond Cosgrove 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR M W To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Pennsylvania WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Agnes Hospital Baltimore Computor Oper. SUAL RESIDENCE (IF NURSIN la. STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 5949 Elk Forest Court Maryland Elkridge NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EAST FIRST MIDDLE John J. Cosgrove Jeanette Warner ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 21227 (IF YES GIVE WAR OR DATES) 204-16-9470 Yes Margaret M. Cosgrove, 5949 Elk Forest Court Korean 18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which couse (o), stoting couse -wan o 70h. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED Ma AUTOPSY IN CERTIFYING CAUSES OF DEATH? VE5 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased olive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS ld b MACHIRAN MAIDEN Choice 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) COUNTY Burial 1-9-86 St. Stanislaus Cem Baltimore 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



THE CHAPTER

	STATE OF MAKTLANDO Q
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
STATE	CERTIFICATE OF DEATH
REGISTRAR	CEKTIFICATE OF DEATH

ISTATE OF FOREIGN

AL RESIDENCE LIF NURSING HOME OR OTHER INSTIT

160 WAS DECEASED EVER IN U.S. ARMED FOR

Canditians, if any, which gave rise to immediate cause (a, stating the

underlying cause last.

190 DATE OF OPERATION

18 CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY.

DECEASED NAME THRE DEPRINT

7n BIRTHPLACE

COUNTRY

4 FATHER'S NAME

LYES NO OR UNKNOWN

1 5EX

		DEPARTM	LENT OF H	E OF MARYLAND 6 LEALTH AND MENTAL HYO CICATE OF DEATH	GIENE REG.) 9 4	1 6			
FREDERIC		N COWDEN		AST COLOR	20 DATE OF DEATH	MONTH DA	0 8 G	26 HOUR 223PM		
Male	4 RACE White	V	5. DATE (DAY YEAR	6 AGE INITIALITY	YRS.	DINTER THE AR	IF UNDER 24 HRS		
YATE OR FOREIGN		WHAT COUNTRY?	WIDOWI		BALTIMORE CITY	BALTIMORE CITY OR COUNTY OF DEATH				
OF DEATH	(IF NOT IN SUC	n I Versity	OF CONTRACT	Mary land	120 USUAL OCCUPA (TYPE OF WORK FOR MOS'		INDUSTRY	BUSINESSOR		
13b COU		136. CITY OR TOWN	V. /	13d INSIDE CITY LIMITS? YES NO	1318537 Cat	terski1	1 Ct.	Columbia		
lenc	MIDDLE	Coud	en	15 MOTHER'S MAIDEN NA Helen	-	Charle	es LAST			
	RMED FORCES? VE WAR OR DATES!	16b SOCIAL SECU	RITY NO.	Mrs Bertha		RESS 7 Catte	erskill	Ct 21044		
ATH WAS CAUSE	nly ane cause per ED BY: TE CAUSE (a)	Carolic		monary	Arrest.			MATE INTERVAL INSET AND DEATH		
if any, which to immediate stating the	(b)	Chronic RAS A CONSEQUE	Ob	structure Pu	Imorary D	Iscase	ye	ars		
	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 11a			
OPERATION -		Cemca TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN ING CAUSES	GS USED OF DEATH?		
WAS UNDERLYING [216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT OR PART 2)			

PART 2 OTHER SIGNIFICANT CONDITION

CERTIFICATION 71a ACCIDENT WAS UNDERLYING 21b TI HOU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21# PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 20 86 20 Jeen 220 I certify that (1) (this haspital) attended the deceased fram

saw the deceased alive an abave, (I) (wg. (did) (did nat) view the bady after dead and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

DEGREE 22c DATE SIGNED mi ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

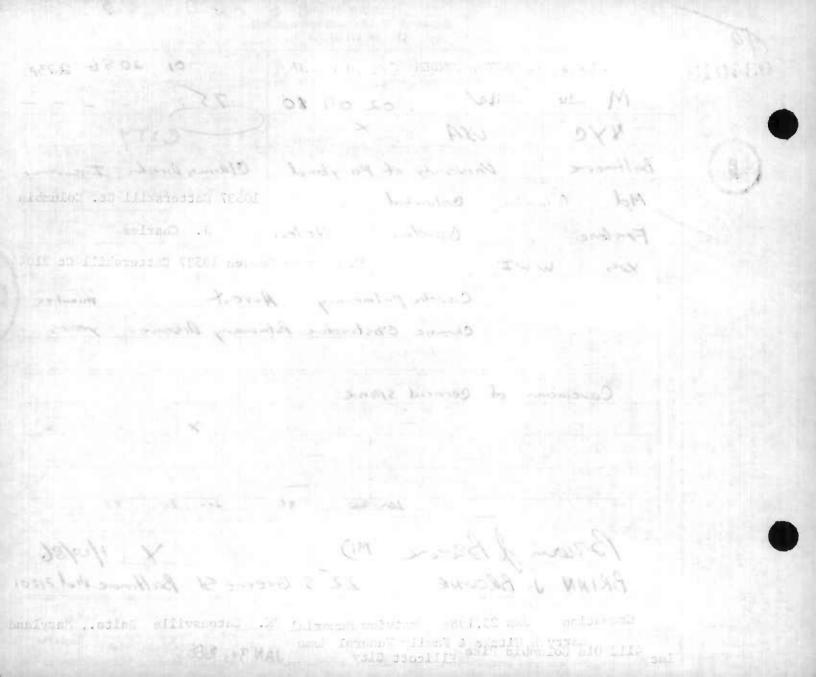
22e ADDRESS 22d PHYSICIAN BROWNE

22 S. Greene St. Baltimore

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OF TOWN Cremation Jan Westview Memorial PK. Catonsville Balto .. Maryland Family Funeral Home 256 DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Ellicott City



DHMH - 16 60M 7/84

(VRA 15. 4)

FOR
STATE
REGISTRAR

STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

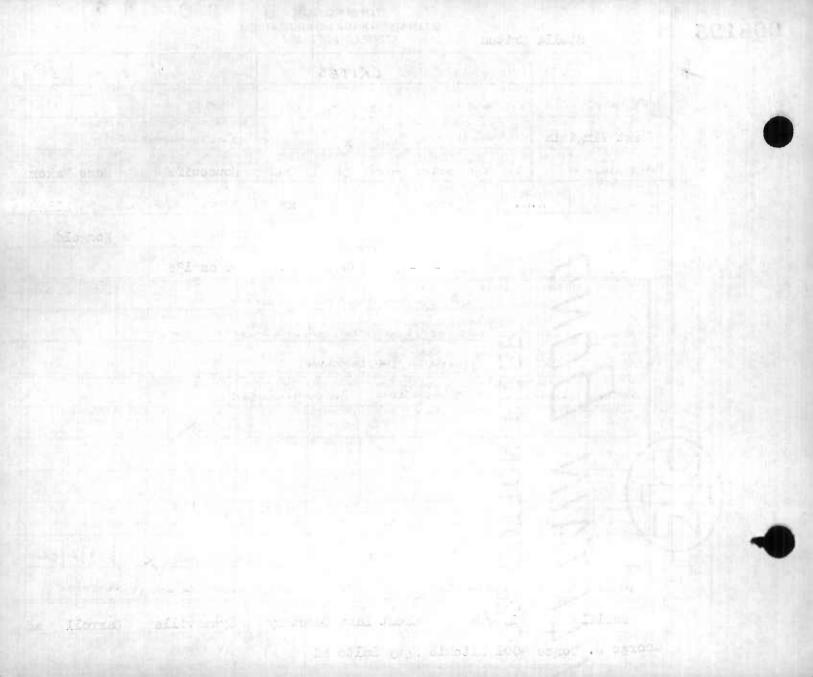
REG. NO.

1		CEASED NAME FIRST	WIDDLE	0.080	AST	20. DATE OF DEATH	MONTH DAY Y	AR 26 HOUR P				
	,,,,,	JANIC	CE -	CRAW	FORD	JAN.31, 198	86	I : 03 M IF UNDER I YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN. (OF DEATH Y MD. 176. KIND OF BUSINESS OR INDUSTRY LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 M MYS.				
	3. SEX	Female	White	5 DATE O	of BIRTH 14, °1'959 YEAR	6. AGE (IN YEARS LAST BIR)						
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	76. CITIZEN OF WHAT COU USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		MD.				
1	E	TY OR TOWN OF DEATH BALTIMORE	JOHNS HOPKIN	S"HOSPIT								
3	13a S	AL RESIDENCE IF NURSING HOME OR STAJE 136 COUN	ITY I3t CITY O		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	99999				
8		Henry	Wilson	AST .	15. MOTHER'S MAIDEN NA.	WIDDIE		LAST				
3		VAS DECEASED EVER IN U.S. ARI (ES NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	14-8863	Keith Crawfo	ADDRE	SS					
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.			2 months							
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	1		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \)					
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		H DAY YEAR	216. HOW INJURY OCCURI	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUN	TY STATE				
		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	1/31		nd that in (my) (our) opinion (that (I) (we) last the causes stated				
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/3 () ()										
		27d. PHYSICIAN'S NAME (TYPE O	PRINT)		270 ADDRESS 600 N	. WOLFE ST.	BALTO., N	ID 21205				
	23a B	URIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE				
	-	Burial	Feb. 5, 1986	Smith	THE HERE !	Williams	burg	Kentucky				
	24. FU	INERAL DIRECTOR	AD	DRESS		E REC'D. BY REGISTRAR		SNATURE				
		Leonard J. Ru	ck Inc. Balti	lmore, Ma	ryland FF	3801 F O F	Lia Davidson	-Randers				

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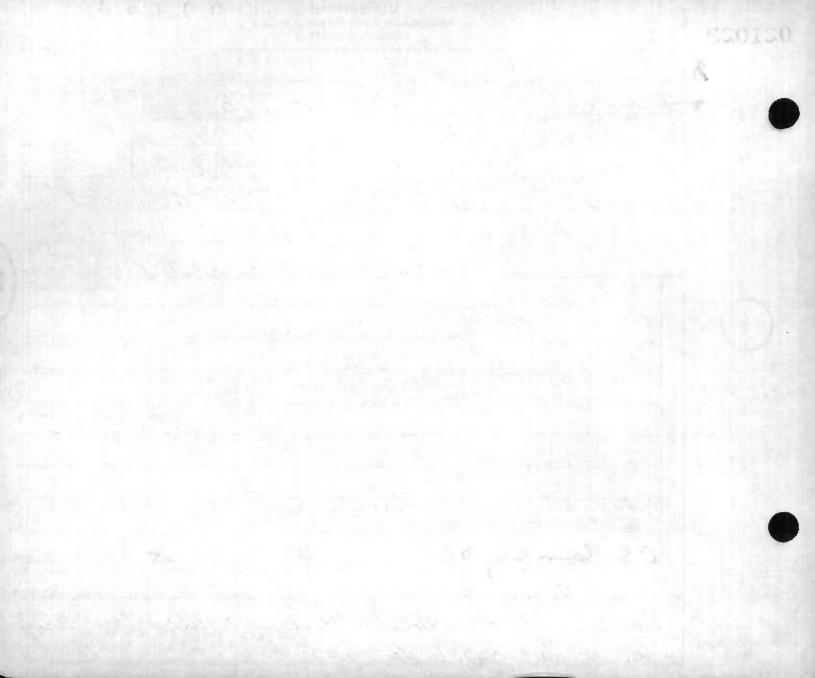
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008195	1.	FOR STATE REGISTRAR St	ella	Crites	DEPAI	RTMENT OF	E OF MARYLAND (HEALTH AND MENTAL H		0 9 g, no.	4 8		
0 WE	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) STEVA						CRITES 20 DATE OF DEATH MONTH			DAY YEAR	26 HOUR	
moy be	3 SE	х		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LA	AST BIRTHDAY)	Z 86	R IF UNDER 24 HRS	
oge 4		FEMALE	CAUCASIAN		MONI 12		78	YRS	MONTHS DAYS	HOURS MIN.		
m 72 ho	70. BIRTHPLACE (STATE OR FOREIGN West Virginia 10 CITY OR TOWN OF DEATH BACTIMO RE			USA		Y? 8 MARRIE WIDOW	D NEVER MARRIED	PAITIMORE UTV			MD.	
. 1143					HEACHITY GIVE STR		GEN'L HOSE	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife 120 KIND OF BUSI (INDUSTRY HOme Make)			OF BUSINESS OR	
100	13a.	STATE 136 COUR		NTY 134. CITY OR TO		NWN	136 INSIDE CITY LIMITS?	130. STREET ADDRESS		1-5-		
ARM 4 1 1/2/		ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	I AME MIDE	DIE	Mong	AST	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. PARESTON ST., BALTIMORE, M. PARESTON ST., BALTIMORE, M. PARESTON ST., BALTIMORE, M. Marching physicians. 24, DIRECTOR After this certificate has been signed by the attending physician and comdended for use at the burind framet has been signed by the attending physician and detached for use at the burind framet permit. Their phone immove containing physicians are Department of the phone containing the physician and detached for use at the burind framet permit. Their phone containing the physician and detached for use at the burind framet permit. Their phone containing the physician physician and the physician physician at the physician p	16a \	VAS DECEASED EVER I			166 SOCIAL SE		17 INFORMANT	A	DDRESS	Mong	2010	
		(YES NO OB (INVENTIONN) (IF YES, GIVE WAR OR DATES) 236-14-6741 Gail Moats Same as 13e										
		DUE TO, OR AS A CONSEQUENCE OF . Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF . DUE TO, OR AS A CONSEQUENCE OF . DUE TO, OR AS A CONSEQUENCE OF . (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	NOIL	OSTEOMOTICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO										
	RTIFICA											
	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19										
		21d INJURY OCCURRE	£ 🗆	21e PLACE (OF INJURY SEET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
		220.1 certify that (1) (this hospital) attended the deceased from 12-20, 19-20, to 12-20, that (1) (we) lost saw the deceased alive on 1-2-19-20, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death										
	-	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 2 86										
O HOSP to FUNE howld be whost he		MICHAEL		. colli	E2 ,	MO	SOUTH BA	CTIMIDATE G	se wear	HOSP	46	
BP	23a B	urial, cremation, r specify Burial	EMOVAL	1/4/86			emetery or crematory awn Cemetery	C.W. 00 10.	ille	Carro	11 Md	
DHMH - 16 50M 1/81 (VRA 15, 4)		Porge J. Go	once	4001 Ri	tchi ^e F	igwy Ba	lto Md			STRAR'S SIGNA	8 2 44	



020110	FOR 17 4	STATE OF MARYLAND 6 0 9 4 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE -										
029116	REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
	DECEASED NAME FIRST	MIDDLE	AONIH DAY YEAR	26 HOUR								
0 00	CHARLES	HAMMOND	CROMWELL, JR.		January 2	25, 1986	1:00 M					
you go a	. SEX	4. RACE	5. DATE OF BIRTH		6. AGE IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS					
s of s of	Male	White	June 16, 1903		82	YRS.	, nooks mile.					
2 40 50	BIRTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIET	■ NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH						
1 11 10	MD	USA	WIDOWE	DIVORCED [Baltimore		MD.					
1/11/1	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	WORKING LIFE) INDUSTR	OF BUSINESS OR					
5/1 11 00	Baltimore	5602 Waycrest Lane Lt. C				US	Air Forc					
MARYLAND 2120	JSUAL RESIDENCE JUF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE						
4 / 3/3/2	MD	Bal	to.	YES 🛛 NO 🗌	5602 Wayo	rest La.,	21210					
E I II	4 FATHER'S NAME FIRST	MIDDLE LAS	1	15. MOTHER'S MAIDEN NAM	MIDDLE	1	AST					
	Charles Hammo			Ellen	F.	Brown	1					
0 x 20 P	60. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	VE WAR OR DATES]		17 INFORMANT	ADDRES							
BALTIMORE one be exercion on a ppers. Page vol. t, the medical	Yes WW	II 218 2	6 5098	Charles H.	Cromwell,	III, S	DXIMATE INTERVAL					
BAL cote coper oper oval.	18 CAUSE OF DEATH (Enter of	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATERY IN FISC TION										
ST.,	IMMEDIA	7	4 Houns									
PRESTON ST he death cert he ottending I emove carbon mation, ar rer r fraumatic ev		DUE TO, OR AS A CONSEQUENCE OF										
deoth deoth offend nove co orion, o roumof	Conditions, if ony, which gave rise to immediate											
W. Pl	cause (a), stating the underlying cause last	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
201 V	[6]											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG										
O C C C C C C C C C C C C C C C C C C C	2 190 DATE OF OPERATION	206 IF YES, WERE FIND	OINGS LISED									
REC os b ws or r	SIDIZ ROBLAST 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR W	MICHOFERATIO	WAS FERT ORMED	IN CERTIFYING CAUSES OF DEATH?							
VITAL VITAL N. The ronsit pronsit pronsit property Hygier	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		21c HOW INJURY OCCURR								
Physical Hyper of Hyp	OR COLUMNIA COLUMN OF THE	HOUR A.M. MONTH	H DAY YEAR		TEMEN MANUE OF THOM							
ION OF HYSICIA hysiceriff bus certiff Amendal or them 1	ON CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION								
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require outending physician. As the buriof-tronsit peems sign as the buriof-tronsit peem. Then the and Mental Hygene prior to be arked or them 18 shows ony injury or the or them 18 shows ony injury.	WHILE NOT WHILE I	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC)	STREET	CITY OR TOW	OUNTY COUNTY	STATE					
DIVISION OF OTHER 14 After 14 After 14 Olth and marked	220.1 certify that (I) (this based of the deceased from 15 OCT 19 74 to 25 JAN 19 86, that (I) (m) lost											
TEN TOR OF US	saw the deceased alive a	saw the decreased alive an 2-3 74V 19 86 and that in (mv) (early equipion death occurred on the date and hour and from the causes stated										
REC AT	22b. SIQNATURE	above, (i) (4.3) (did) (3.3) view the bady after death.										
the hor L DIRE	115-0	27	JAN 86									
HOSPITAL ned by the ned by the FUNERAL of the Sfore ORTANT.	PHYSICIAN DIRECTOR PHYSICIAN TO THE COMPRIST											
	Dr. J. Dixo	Dr. J. Dixon Hills, MD 3501 St. Paul St., Balto., MD										
Of of Standard	30 BURIAL, CREMATION, REMOVA		23c NAME OF CI	METERY OR CREMATORY	23d LOCATION							
BP	Cremation	1/27/86		~ Wount	Balto.,		MD STATE					
	FUNERAL DIRECTOR Henry		& Sons	CO. 250 DATI	REC'D BY REGISTRAR ?	SH REGISTRAR'S SIGNA						
(VRA 15, 4)	4905 York Road	Balto., ME	21212		N S 1 1980	Horstrinik start	Alexander .					

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		1.	FOR	DEPARTME	STATE OF MARYLAND	HYGIENE O V	5 5
	A O M A		STATE REGISTRAR	MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH REG. NO.	
	024054		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE KNOWN	MONTH DAY YEAR 26 HOUR
	Marker /		Eby		Cunningham	OF ESTI-	1-19 19 86 M
	がにはる	3. SE	4. RACE	DATE OF BIRTH	AGE IN YEARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR 9:45
	ON SOUR	M	ALE BLACK	09-03-18	YRS. MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1-19 19 86 a. M
1	SESTINATION OF THE PERSON OF T	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MA	ARRIED 9 BALTIMORE CITY OR	COUNTY OF DEATH
1	2500/10	N	DETH CAROLINA	USA		DRCED Baltimore	City, MD
	(美國語)	ID. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME, OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE O	F WORK 126 KIND OF BUSINESS OR INDUSTRY
	180		Baltimore	637 Cherator	n Road	RETIRED	
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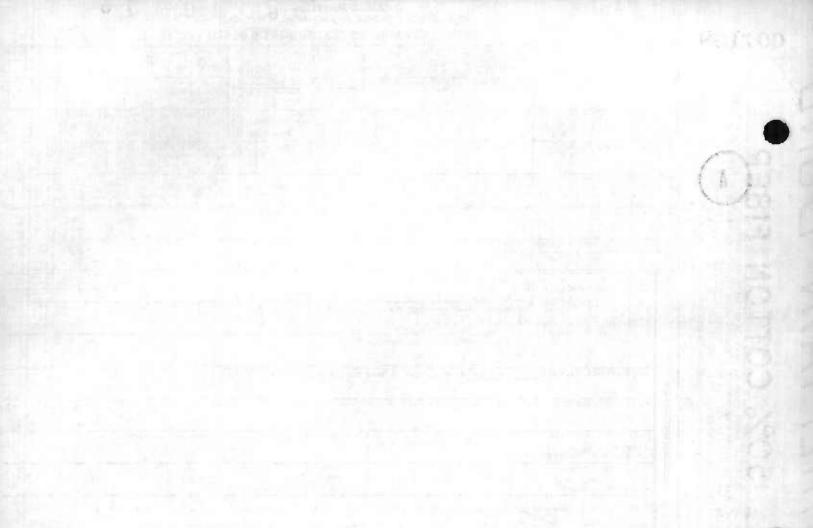
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITING THE WORD PENDING" IN PENCIL IN ITEM 11 RED TO THE OTHER MEDICAL EXAMINER ALONG RES SHOULD BE USED AS A BURIAL TRANSIT PREMIT EDPARTMENT OF HEALTH AND MEN. IL HYGIERE, DI PRICE TO BURIAL CREMITION, OR REMOVAL.	K	PART 2 OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION (GIYEN IN PAR	T 1 (a),			
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE POSE 4 SHOULD BE FOR TO FUNEAL DIRECTOR P AFTER DEATH, WITH THE SI BALTIMORE, MARYIAND 2		EXAMINER'S	Greg	ory R. Ka	uffma	an, M.D)	ADDRESS		111 Penn St	•		
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6	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. II. WITHIN 72 HOURS IV. PRESTON STREET,		36	В	6 23	YEAR 23	62 YR		DAYS	HOURS	MIN PR	DEAD	ED	1	1 186	7 AM
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	PAGE PAGE —	230 BI		ION, REMOVAL 23			NAME OF CEA									
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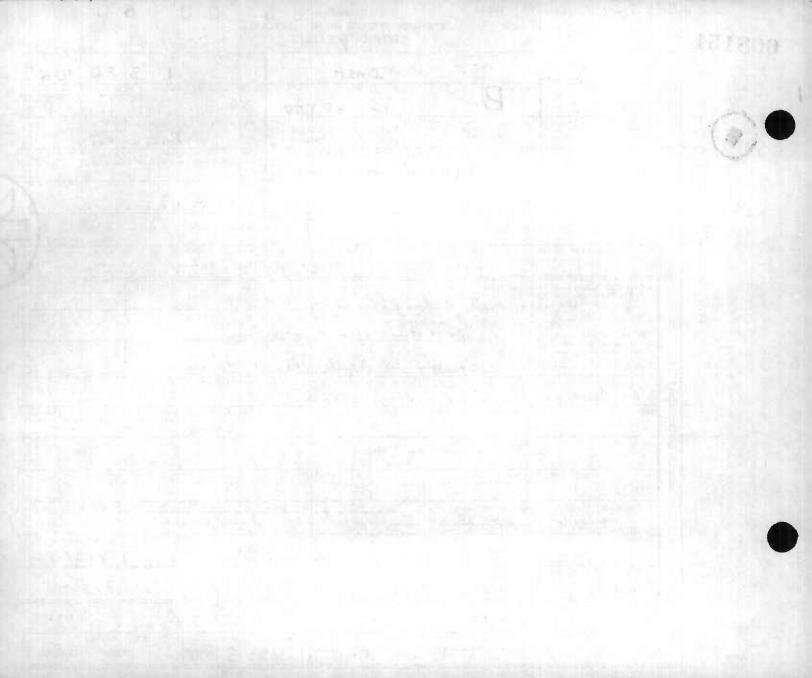
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should examine		ATHER'S NAME	Darce	•	IS. MOTHER'S MAIDEN NA		OLA A	ve.	2121.
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Pages t, the r	7	YES, NO OR UNKNOWN) I IF YES, GIVE Y		-9255	Margaret	Curzi, san	me ad	dress	
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an. cate it pe ygier 18 sh	1					YES NO NO	YES		NO 🗆
T TET C	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF NIURY	IN ITEM 18, PAR	1 OR PART 2)	
physic is certical is certical lental I or Item	3	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION				
fter the bury and N	¥	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TOWN	1	COUNTY	STATE
atte as t alth s m		AT WORK — AT WORK —	1	A 1	14136,19	1/)	-	X 6	
Lor Use Hee		22a I certify that (I) (this haspite	1 100	4/1		, to			that (I) (we) los
Porta for of em		sow the deceased alive ar_ above, (1) (we) (did) (did nat)	view the body after death.	-0 b.o	nd that in (my) (aur) apinion	death occurred an the dat	e and haur o	ind from the	couses stated
tached for the Dept. of the Dept. of T: If Item		776 SIGNATURE		Tea V	DEGREE	No Transport		22c DATE	
the AL re C		1 Rus	anle		ATTENDING PHYSICIAN [MEDICAL STAFF		11/15	186
by Sta		224. PHYSICIAN'S NAME ITYPE OR	PRINT)		27e ADDRESS	_ omeeron _ rimoter			
TO FUNI should be with the		K	wood Mg)	C () ()				
retained by the hospital or TO FUNERAL OIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21	_	·			FIKM				
- 63 =	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
BP	E	urial	1/17/86	Garri	son Forrest	Vet. Cem.	. , Owi	ngs M	ills.
DUMB AC OFA	24 E	CHANGING Fune	ral Home. In	C. 1	25a. DA1	E REC'D BY REGISTRAR 2	Sh. REGISTRA	R'S SIGNAL	URE Md.
DHMH-16 25M (VRA 15, 4) 1/79		331 Brehms La			1213	AN 20 1900	1		
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036171	1-	FOR STATE REGISTRAR			DEPAR	MENT OF H	EALTH AND MENT ICATE OF DEAT	TAL HYGIE	NE REG. N	O.		
yy br		CEASED NAME OR PRINT)	rest narles		WIDDLE	1	ewski. SR	2	20. DATE OF DEATH	1/28/8		26. HOUR
ge 4 mos ector, po	3. SE	male		Wh	te	5 DATE C	F BIRTH	VEAR 6	AGE (IN YEARS LAST BIR	YRS.	S DAYS	HOURS MIN.
Oth Bs	(RTHPLACE (STATE OR F COUNTRY) Aryland	OREIGN 1	U.S.A.	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARR	RIED '	Baltimore CHY O		EATH	MD.
. (M) 3/	Ва	TY OR TOWN OF DEA		Franci	SCOTT	Key Me	dical Cen		2a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Shipping&R	F WORKING LIFE) IN	IDUSTRY	BUSINESS OR
AND 2170	13a. S	AL RESIDENCE (# NURSI STATE Aryland	136 COUN Balti	TY /	13c. CITY OR TO Dundal	WN	13d. INSIDE CITY LI		30. STREET ADDRESS 1918 Jasmi	ne Road		21222
ompletely on on or	F	THER'S NAME FIRST			Czyzewsk		15. MOTHER'S MA FIRST Anna	IDEN NAME	MIDDLE	N	ot Kn	own
be execution on ond control on ond c	16a. ∨ Y∈	VAS DECEASED EVER (ES, NO OR UNKNOWN)	WW I	WAR OR DATES)	215-24-		17 INFORMANT Lydia Cz	yzews:	ADDRE ki	Same a		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 2.1 no attending physician. Item this certificate has been signed by the attending physician and completely filled the strength of the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the hand Memial Hygiene prior to buriol, cremotion, or removal. orked or flow 18 shows any injury, or other traumotic event, the medical examiner milities orked or flow 18 shows any injury.	NOI	Conditions, if any, gave rise to imm couse (a), stating underlying couse	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEO	JENCE OF	pulmos m	THE TERMIN	ancst JAL DISEASE OR CON	DITION GIVEN IN		NATE INTERVAL
VITAL RECC	CERTIFICATION	190 DATE OF OPERAT				H OPERATIO	N WAS PERFORME		200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	CAUSES	GS USED OF DEATH? NO
PHYSICIAN: ending phys this certifico re buriol-tron and Mentol Hy dor Heen 18	MEDICAL CI	21a, ACCIDENT WAS UND OR CONTRIBUTING CC (IFEITHER NOTIFY MEDIC 21d, INJURY OCCURR	AUSE OF DEAT AL EXAMINER) ED	P. 21e PLACE	M. MONTH I M.	19	211 LOCATION STREET	TOCCURRE	D (ENTER NATURE OF INJU		OUNTY	STATE
TO HOSPITAL OR ATTENDING P retoined by the hospital or other to Flucker to Flucker to Should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked		WHILE DISTRIBUTION OF THE AT WORK AT WORK AT WORK SOW THE GENERAL SOW THE AT WORK AT W	(this hospited dive an aid) (did not	oi) attended the price of the p	e deceosed from 8 19 ofter deoth.	86 or	DEGREE ATTEM PHYS 220. ADDRESS	NDING GICIAN [oth occurred on the do	F \		
BP	Ci	URIAL, CREMATION, I SPECIFY) Cemation		1/30/	1986	NAME OF C			23d LOCATION CITY OR TOWN Baltimor		Ma	ryland
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR DU				ryland	21222	FFP	REC'D. BY REGISTRAR 0 3 1986	256 REGISTRAR'S	SIGNATU	andelle

STATE OF MARYLAND

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STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG. NO	D.	1	
L'DECEASED NAME	FIRST	MIDDLE	t	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TTPE ORPRINT)	ANNA	T.	DA	VIS		1	-9-1	986	6AM M
3. SEX	4 RACE	1000	5 DATE C			6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Pemale	Whi	te	MONTH	DAY 2	1918	67	YRS	MONTHS! DATS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN 76 CITIZE	N OF WHAT COUN	JTRY2 8			9 BALTIMORE CITY O		OF DEATH	
Marvland	U.S	7\	WIDOWE	D X NEVER	NORCED	Baltimore	City	7	MD
Baltimore	DEATH 11. NAM	E OF HOSPITAL, N TIN SUCH FACILITY, GIVE TCh Hospi	URSING HOME C		- Lund	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	NC	126 KIND C	OF BUSINESS OR
SUAL RESIDENCE (IF N 130 STATE Maryland	URSING HOME OR OTHER INST	13c. CITY OF	RTOWN	13d INSIDE O	ITY LIMITS?	13e STREET ADDRESS / 1618 Four	ZIP CODI	ges Ct.	21222 Apt.C-3
FATHER'S NAME FIRST Charles	MIDDLE	Carr	naggio		S MAIDEN NAI	ME MIDDLE		Roco	chi
160 WAS DECEASED EV		CES? 166 SOCIAL	SECURITY NO.	17 INFORMA	-	ADDRE	SS		
NO (YES NO OR UNKNOWN)	LIF YES GIVE WAR OR D		10-7962	Leo J.	Davis		Same	as 13	e
Canditions, if a gave rise to couse (a), strunderlying ca	ny, which immediate string the use lost	TO, OR AS A CON! TO, OR AS A CON! (c)	SEOUENCE OF	NOT RELATE	D TO THE TERM	NINAL DISEASE OR CONI	DITION GI	VEN IN PART 1:	Q
and the same of th		TIVE JA		TO THE ETTE	J 10 1112 12101	WAL DISEASE ON COM	311101101		
190 DATE OF OPE 12-4-8 210. ACCIDENT WAS	RATION 196	BSTRUCT	VHICH OPERATIO			200 AUTOPSY?	IN CERTI	S, WERE FINDIE FYING CAUSES ES	
on contraction [CAUSE OF DEATH HO	IME OF INJURY UR A.M. MONTH P.M.	H DAY YEAR	21c HOW IN	NJURY OCCURI	RED (ENTER NATURE OF INJUR	BI MATI MI Y	PART I OR PART 2)	
(IF EITHER NOTIFY A 21d. INJURY OCC WHILE AI WORK		LACE OF INJURY OME STREET FACTORY, C	DEFICE, FARM ETC)	21f LOCATI		CITY OR TO	WN	COUNTY	STATE
saw the dece	(l) (the hearing) attentone (l) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		_19 86 , ar	TO A LONDON	(our) opinian	to 1-9 death accurred on the da	ite and has		that (I) we last causes stated
226 SIGNATURE	Geole	Sh	ou	My.		MEDICAL STAF	IAN	120 DATE	7 /86
GEORG	1 ()	MAS M.	D.	1		H HOSPITAI ADWAY BALI			.21231
23a BURIAL, CREMATIC	N, REMOVAL 236 DA	TE.	23E NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	CIATE
Entombment		1/1986	Oak La	wn Ceme	etery	Baltimore			Maryland
24 FUNERAL DIRECTOR	Duda-Ruck,	Inc.	DRESS		25a. DAI	FRESD BY 3 1986	25b. REGIS	IRAR'S BIOMAT	TURPHILL

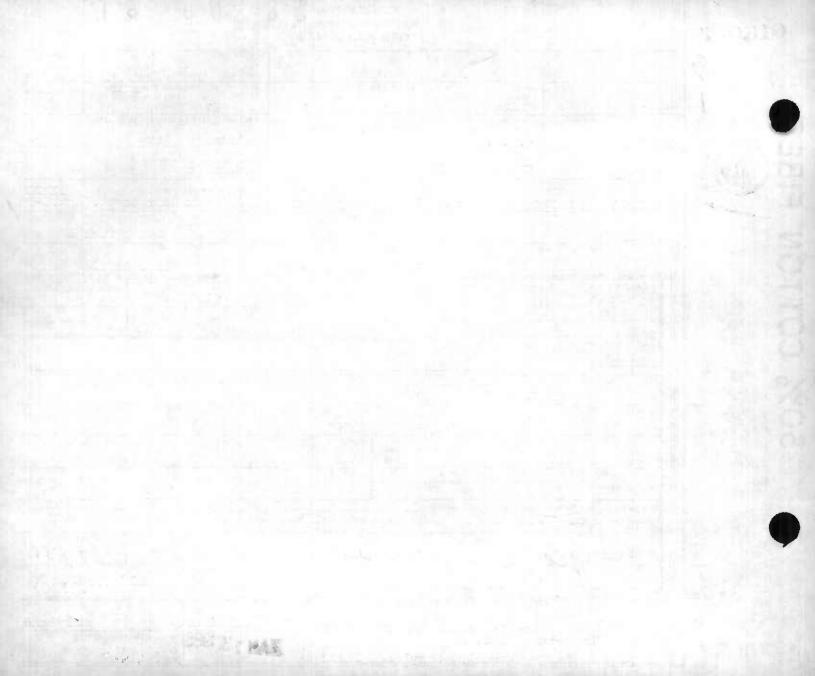
21222

Dundalk, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

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Notes to the same of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI 035107 CALIEB DAVIS JANUARY 29. 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINESER 24 HRS ONTHS DAYS male black 1915 YRS To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE CITY Ga. US WIDOWED A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired BALTIMORE THE JOHNS HOPKINS HOSPITAL Meat Cutter SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md Baltimore YES X7 6608 Eberle Drive Apt 101 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE A HOUSE AA John Webb Lizzie Rumph ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII 257-10-5987 Virginia Davis 6608 Eberle Drive apt 101 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic: 1
PART I, DEATH WAS CAUSED BY: minute IMMEDIATE CAUSE (0) prebably Ruptured abdominal gortic ancurism Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF YEARS underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES NO NO IT Нуди 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 MEDIC 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE AT WORK 10 86 01 sow the deceased alive on 01.29 above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS P THH NIELS J LINSCHOTEN 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY ITY OR TOWN STATE Burial 2/5/86 Davis Chapel Church Cem BP. Houston Co Ga. 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 William C. March F/H West 4300 Wabash Avenue (VRA 15, 4)

- STATE

STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

YEAR

SARAH

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

HOUSEWIFE

13e STREET ADDRESS / ZIP CODE

MIDDLE

NOF

CITY OR TOWN

our) opinion death occurred on the date and hour and from the causes stated

2605 STEELE ROAD

ADDRESS

OR CONDITION GIVEN IN PART 1 a

YES T

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206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

20 DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

JANUARY

RANDALLSTOWN BALTIMORE MD 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

126 KIND OF BUSINESS OR

HOME

(21209)

WEINBERG

IF LINDER 21 HPS

IF UNDER 1 YEAR

INDUSTRY

22d PHYSICIAN'S NAME (TYPE OF PRINT) H. RONALD FRIEDMAN 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BURIAL BETH EL MEMORIAL PARK

BALTIMORE, MD. (21215)

6715 PARK HEIGHTS AVENUE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

(VRA 15, 4)

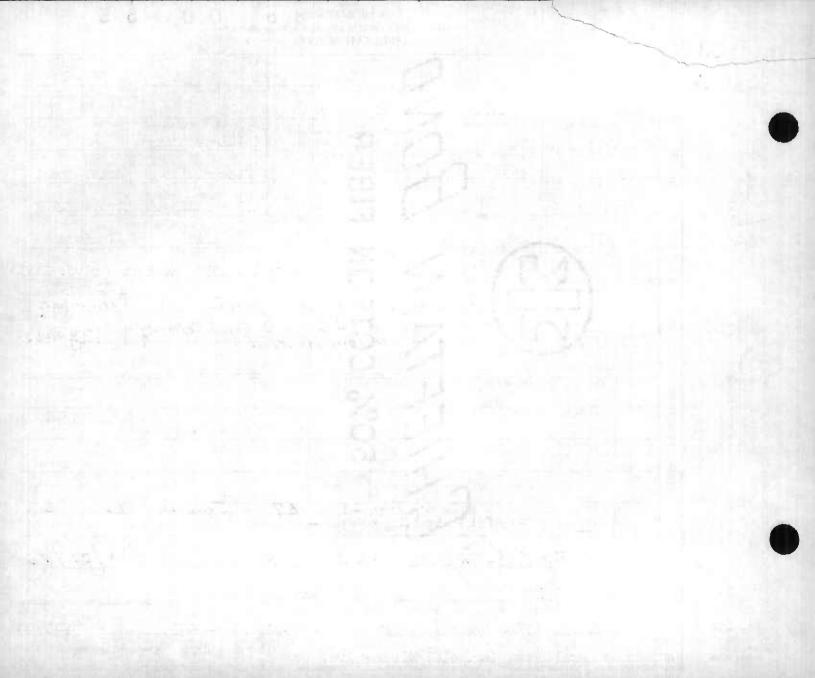
OR ATTENDING PHYSICIAN: The

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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE					EALTH AND MENTAL HYG	REG. N	10		1	
)		CEASED NAME	FIRST	-	MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH	DAY YE	AR 2b	HOUR
	(TYPE	ORPRINT)	FRANK		L.		DAVIS		1	22 8	36	
10	3. SE		LIGHNIC	4 RACE	ш.	5. DATE C		6. AGE LINYEARS LAST BE	RTHDAY)	IF UNDER I		UNDER 24 H
		Male		Whi	te	MONTH 12	20 15	70	YRS	MONTHS (JATS HC	OURS M
10-		RTHPLACE I STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	D MEVER MARRIED	9 BALTIMORE CITY		Y OF DEAT	Н	
5		irginia		USA		WIDOWE		Baltimore	city			
		TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		ND OF BU	JSINESS
90		Baltimore		1338 V	Washingto	n Blv	d.	Electric			th. S	Steel
25	130 5	AL RESIDENCE (IF NUR STATE Maryland	13b COUN	OTHER INSTITUTION.	134. CITY OR TOW Baltimor	/N	13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 1338 Wash:			1., 2	21230
	14 FA	THER'S NAME		MIDDLE			15 MOTHER'S MAIDEN NA					
		Marshall		ames	Davis	3	Cassie	Eidie		Blu	aefor	cd
9		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS			
Del l	,	NO	(IF 4ES, GIV)	E WAR OR DATES)	215-10-0)545	Della Mae Da	vis, 1338 N	Washi	ngton	Blvc	1. 2
,		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), on	d (c),1	0	_1		BET)	PPROXIMATI	E INTERVAL
5		PARTI. DEATH V		E CAUSE (o)	Acute 1	myor	adjal in	faret.		1/4	sw m	mut
and		Conditions, if ony gove rise to im couse (a), stati	mediate ng the) - (b)_	R AS A CONSEQUE	A	t. & A.S. C. V. B	S. and Co	YONGA	F	194	ewi
jory, or other mornonic	NO	gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	DUE TO, OI	r as a conseoui	ENCE OF	H. & A.S. C. V. B	ne.			19 <u>y</u>	ew
ows only injury, or other troomonic en	TIFICATION	gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	interny otises	INAL DISEASE OR CON	20b. IF YI	IVEN IN PAI	INDINGS USES OF	DEATH?
rem to shows only injury, or other troumond of	CAL CERTIFICATION	gove rise to im couse (o), stati underlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT C TION DERLYING CAUSE OF DEA	DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR A.	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YI	IVEN IN PAI	INDINGS USES OF	USED DEATH?
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nt 21 is morked or item to snows only injury, or other mormonic en	_	gove rise to im couse of the co	mediate mediate with the mediate mediate. NIFICANT C TION DERLYING CAUSE OF DEA MICAL EXAMINER MED MILE CONTROL CAUSE OF DEA MICAL EXAMINER MED (this hospit ed alive on, and alive on, alive on, and alive on, alive on, and alive on, a	DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR A. P. 210. PLACE (ATHOME STE	R AS A CONSEQUE THOM FOR WHICH ITHOM FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceosed from 1 2 19 2	OPERATIO AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION STREET 2 19 4 d that in (my) (www) opinion of	INAL DISEASE OR CON 200 AUTOPSY? YES NO RED CITY OR TO	20b. IF YI IN CERT JUNY IN ITEM 18	IVEN IN PAI	INDINGS USES OF N	DEATH?
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DHMH - 16 60M 7/B (VRA 15, 4)



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		1. DE	CEASED NAMI	FIRST		A	NODLE			LAST			2a DATE	KNOWN		TH DAY	YEAR	26 HOUR
	25 S S E	(TYP	E OR PRINT)	Georg	0				Day	ris			OF	ESTI- MATED	D 1.	/ 3/	19 86	
	PEA FILE TREE	3 SEX		4. RACE	5. DATE OF BI	RTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE		MONT	H DAY	YEAR	य अ०पर
	DIRE DIRE OUR ON S	I	/I	Black		22	36	49	RS. MONTH	DAYS	HOURS	MIN	PRONOUP		1,	/ 3/	1986	A M
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN Z HOURS W. PRESTON STREET,		RTHPLACE (ST	ATE OR	76. CITIZEN O	S.	COUN	TRY?	8 MARRI WIDOW		VER MARR				orcol		DEATH	MD
O	PAGE S	10 C1	TY OR TOWN Baltin			ICH FACILI	TY, GIVE ST	RSING HOMI REET ADDRESS) S HOSP		er institu	TION		JAL OCCU MOST OF WOR		TYPE OF WOR		IND OF BU OR INDUSTE	
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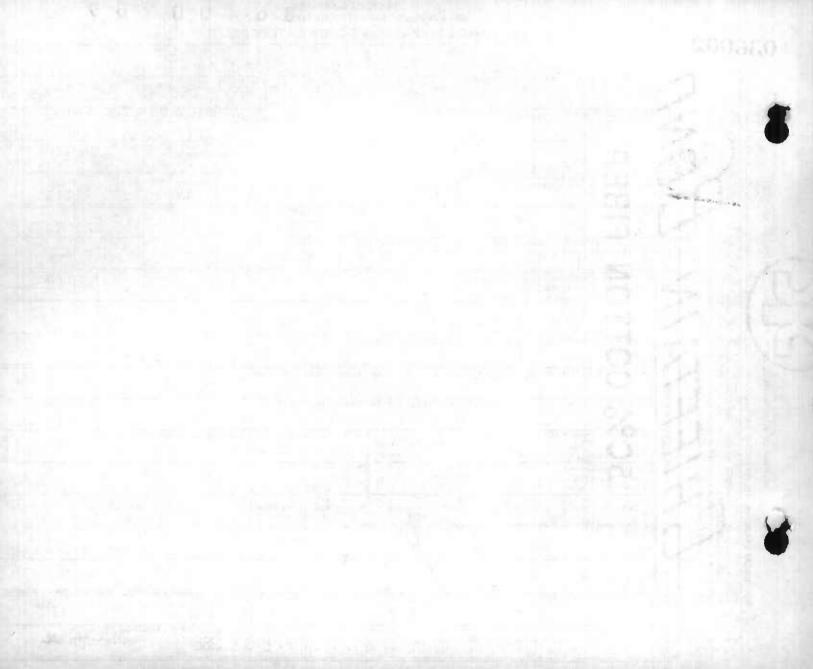
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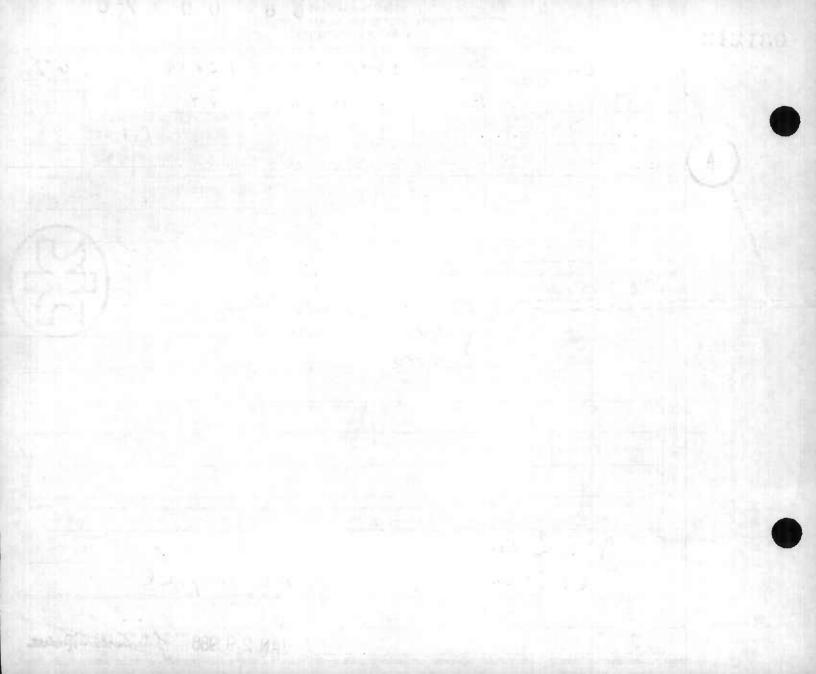
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07/84 BP	2	A FIIN	Buri	al	1/	/8/86	M	t Aubui	rn Ce				timore		TRAR'S SIGNAT	Md
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1087	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE D	0 9 6	à
deoph 3	DECEASED NAME FIR	/	DAVIS	20. DATE OF DEATH	DAY YEAR	7:52 AM
od ras offer d	. SEX	4 RACE black	5. DATE OF BIRTH MONTH DAY YEAR 0 1 1 3	6. AGE (INVEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	HOURS MIN.
in 72 hau	(a. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Bald a	COUNTY OF DEATH	7 MD.
by the fu	6. CITY OR TOWN OF DEATH Baltimore	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
		OME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR COUNTY 137 CITY OR TOW		13. STREET ADDRESS /		1215d
and 2 st	4. FATHER'S NAME HERRY	MIDDLE Davis	15 MOTHER'S MAIDEN NA FIRST	MIDDLE	Mer	201104
Poges 1	60 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	S. ARMED FORCES? 16b. SOCIAL SECU 251-24	-7692 Reu Juhn H.	Davis El 47	109 three (Daks Rd
an poper emavol.	PART I. DE ATH WAS C	ter only one cause per line for (a), (b), or AUSED BY EDIATE CAUSE (a)	(ard oresp	vatory o	21 rest Briween	MATE INTERVAL NONSET AND DEATH
y the all seconds of the carbo cremotion, are ather troumatic.	Conditions, if any, whi gove rise to immedia cause (a), stoting to underlying couse lo	te DUE TO, OR AS A CONSEOU	Inque	moins	9	201
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permd.	196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
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for use of Healt	saw the deceased al	hospital attended the deceased from	ond that in Imy (aus) opinion	death accurred on the do	te and hour and from the	, that (It (we) lost e causes stated
AL DIREC detached ote Dept T. If them	226 SIGNATURE	Rily	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F _ //-	ESIGNED 4/86
O FUNERAL hould be def outh the Stote APORTANT:	22d. PHYSICIAN'S NAME	(TYPE OR PRINT) DASILVA	220 ADDRESS PRO	VIDEN T		TAL
F 4 3 5 4 1	30. BURIAL, CREMATION, REM (SPECIFY) Burial	DVAL 236. DATE 1-10-86 S	NAME OF CEMETERY OR CREMATORY Thomas, Cemete	23d LOCATION MY OR TOWN	1stown	Hd
6 50M 4/83	14 FUNERAL DIRECTOR	J. J.H. 4300 PESS/	What Are 250. DA	TEREC'D. BY REGISTRAN	THE RESERVE OF THE PARTY OF THE	MARIE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEDIA - STATE MEDICAL EXAMINE REGISTRAR REG. NO 03600% 20 DATE KNOWN DECEASED NAME FIRST 7h HOUR (TYPE OR PRINT) OF ESTI-(JOSEPH) S. DEATH MATED Joe Davis 29 19 86 4. RACE DATE OF BIRTH 6 AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 22 VPS PRONOUNCED M B 18 63 5:55E DEAD 29 19 86 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED ... DIVORCED Baltimore City CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 725 George Street Baltimore N/A WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 13d INSIDE CITY LIMITS? BALTIMORE ELMORA AVE. 21213 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MASON STEVEN DAVIS DELORES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (NOO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-86-1930 DELORES DAVIS 3333 ELNORA AVE. ALONG WI CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL 201 W. PRESTON ST., BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds of head DUE TO, OR AS A CONSEQUENCE OF RIAL-TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHIENGE 3 SHOULD BE USFATE DEPARTMENT OF 1201 PRIQR TO BURIA YES X NO [216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 29 ? P.M. 1986 Subject shot 214 INJURY OCCURRED 210 PLACE OF INJURY (ATHOME 21 LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) COUNTY STATE 725 George St. apartment bldg Baltimore MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Autapsy X 220 I certify that I took charge of the rumains direct bind above, held on Inspection and in my opinion Hamicide X death resulted from Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 1/30/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS_ 111 Penn St. Balto.MD. (TYPE OR PRINT) RANDALLSTOWN 23e. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY BURTAL MD PSTATE 2-4-86 KING 07/B4 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** WM.C. MARCH F/H INC . T101 E. NORTH AVE. (VR A15 ME (51)





STATE OF MARYLAND

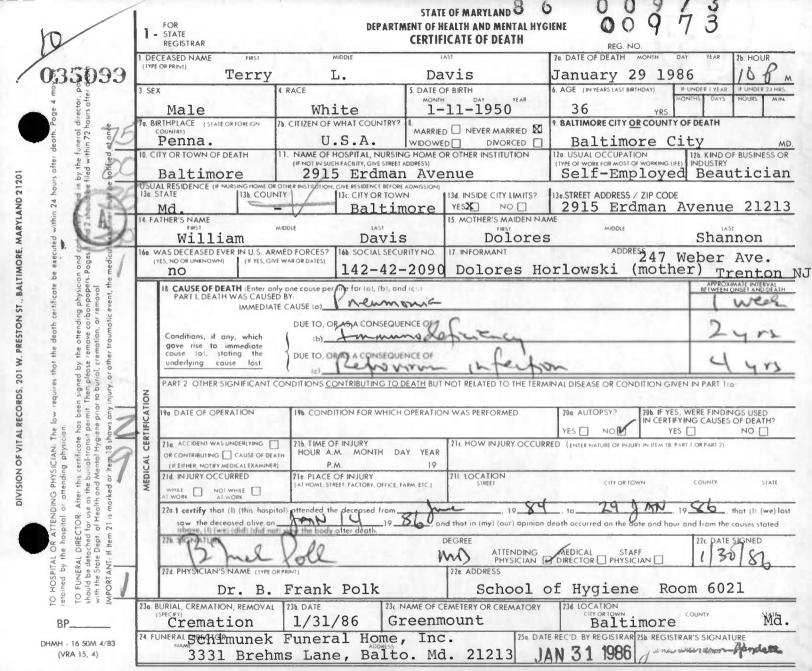
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

441	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
,					REG. NO.	
033504		CEASED NAME FIRST	Faul S	Davis	2g. DATE OF DEATH MONTH D	10 1100K
STATOLT	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
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nera In 72		LUSA	USA	WIDOWED DIVORCED	Baltone C:	to MD.
er d	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND OF BUSINESS OR
to so the sound of		Dultmore	Lock Reven Vt	A Hospital	?	INDUSTRI
24 hou	130. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OF TOW		13528 Chateau A	ve. 21212
4 37	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	- 1 457
p 15		Edward	Davis	Sr. Hattie	WIDDLE	Butler
e es		VAS DECEASED EVER IN U.S. AI			ADDRESS	
n and n and n and n and n and n	Ĺ	YES NO OR UNKNOWN) (IF YES, GI	216-12-	-3845 Hattie L	ydia Davis 528	Chateau Ave.
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offendi offendi ser this s the bu	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
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priol TOR for used Ho		saw the deceased alive at	at) view the bady after death.	76 , and that in (our) opiniar	death occurred an the date and hour	
hos hos hed ept		22b. SIGNATURE	an view me dady oner deam.	DEGREE		224 DATE SIGNED
TAL Oly the by the defact defact tote De		Russey &). In mi)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/28/86
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show show	22. (Kussen D	TOWN TIL	Lock Kur	In Ulbir Dhilling	e mo
BP		BURIAL, CREMATION, REMOVAL	4 04 04	Name of CEMETERY OR CREMATORY Garrison Forest	Ownings Mi	L'I'S Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		m. NAMC. March	F/H 1101 E. No	orth Ave. JA	N 3 0 1986 Sime	AR'S SIGNATURE
(*110. 10, 7)			- 2. 110	100	110000	

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020015	1.	FOR ITEM Number STATE 1-21-86 B.C. REGISTRAR	3 13A-e, P	DEPART	STAT MENT OF F	E OF MARYLAND BEALTH AND MEI ICATE OF DEA	NTAL HYG	O O S	72	
y be		CEASED NAME FIRST RUTH	A	AIDDLE	DAI	AST 115		20 DATE OF DEATH MONT	-10-SG	26 HOUR 12 Am., M
rector pu	3. SE	Female	1 RACE BLA		5. DATE (YEAR 02	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
orth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIE WIDOWI	D NEVER MAR		9 BALTIMORE CITY OR COUNTY OF DEATH		
s ofter deat	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSI H FACILITY, GIVE STREE	NG HOME (OR OTHER INSTITU		Baltimore WXX 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND	MD. OF BUSINESS OR
ryLAND 212 ithin 24 hour rely filled in 2 should be in	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP ACHER S NAME FIRST	OTHER INSTITUTION	13c. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY YES NOTHER'S M.	AIDEN NAM	130 STREET ADDRESS / ZIP	H. AVE	21217
BALTIMORE, MAR		VAS DECEASED EVER IN U.S. AR (16 YES, NO OR UNKNOWN) (16 YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT			lway Roa	
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DIVISION OF VITAL RECORDS, R ATTENDING PHYSICIAN: The law requir hospital or ottending physician. RECTOR, After this certificate has been sig- ned for use as the burial-transit permit. Ther ppt, of Health and Membil Hygene prior to be ten 21 is marked or them 18 shows any injur-	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AJUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no above, (I) (we) (21e. PLACE C JAT HOME STRI tal) attended the	A. MONTH DA. OF INJURY SET, FACTORY, OFFICE deceosed from	1-9	211 LOCATION STREET	19	CITY OR TOWN	COUNTY	STATE that (I) (we) last
O HOSPITAL OR AT eronned by the hosp TO FUNERAL DIRECT should be detached it with the Store Dept. or with the Store Dept. or MAPORTANT: if them 2		226 SIGNATURE ALC R 226 PHYSICIAN'S NAME (TYPE O	5 /8	Lower	Λ		NDING SICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN S	1-	TE SIGNED 10-86 21229,
BP	(URIAL, CREMATION, REMOVAL SPECIFY) Removal INERAL DIRECTOR NAME	23b DATE 1-12-	86	NAME OF C	EMETERY OR CREA		23d LOCATION CITY OR TOWN REC'D. BY REGISTRAR 25b RI	COUNTY EGISTRAR'S SIGNA	STATE
(VRA 15, 4)	S	tate Anatomy Ba	aord	ADDRESS Balti	more,	Md.	JAN	1.6 1999	4 8	

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and completely filled in by the funeral directions ages I and 2 should be filed within 72 hours at

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

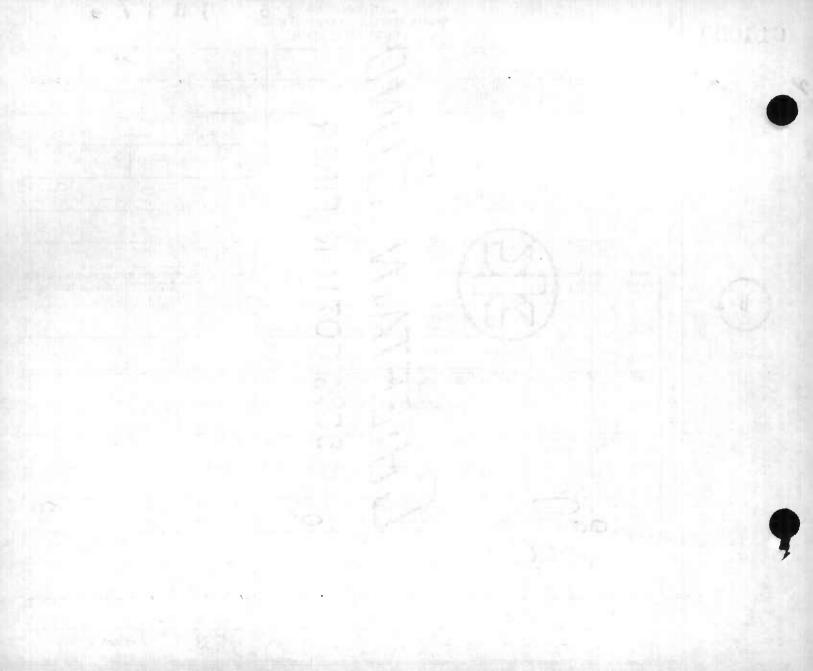
STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEA	GISTRAR			CERTIF	ICATE OF DEATH		REG. N	10.		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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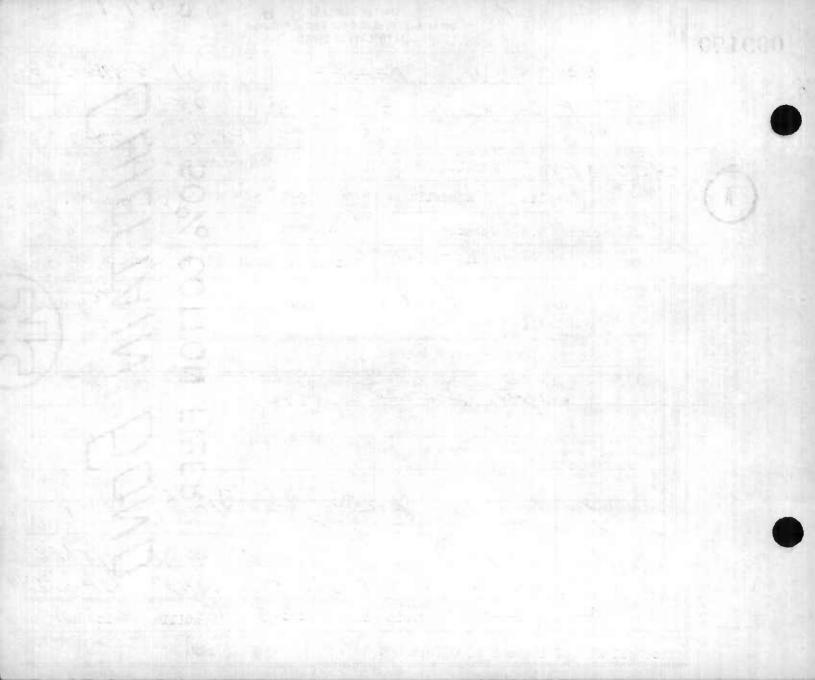
TO FUNERAL DIRECTOR: After this certificate has been signed by the a should be detached for use as the burial-transit permit. Then please fema with the State Dept. of Health and Mental Hygiene prior to burial, cremat



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/ 1 61	3, 56		A RACE 77	5. DATE OF	BIRTH YEAR		YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
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DHMH - 16 60M 7/84 (VRA 15, 4)		NAME		DDRESS	230	IAN O 1 4	1 40	widen Re	(C
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JAN 21 588 Probablish ROLL

5139	1	STATE REGISTRAR	DEPARTA		ICATE OF DEATH	REG. NO.	
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has been signed permit. The prior to laws any injur	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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ottendir frer this os the bu h and Marked or l	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR. A Lfor use of Health		saw the deceased alive ar above, (I) (we) (did) (did no	oct 15 19 control view the body after death.	7	nd that in (my) (our) apinion of	5. to JANUARY death accurred an the date an	d hour and from the couses stated
by the house detailed by the house detached is Stote Dept ANT: If hen		276. PHYSICIAN'S NAME (TYPE O	I luce		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/29/86
should be with the S		FRANCIS X C	CARMODY		201 E. UNI	VERSITY PK	wy.
BP	230	BURIAL, CREMATION, REMOVAL BURIAL	1/31/86	Druid	Ridge Cemetery	Pikesville	Baltimore Maryland
IMH - 16 60M 7/84 (VRA 15, 4)	24		ng Byers Funeral Dir Randallstown, Maryla			E REC'D. BY REGISTRAR 256 RI	EGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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eggirs Budgull	er bereit.	Treatment of the Control of the Cont	51-2-08-01		normal malestant

DEPARTMENT OF HEALTH AND MENT 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 027084. REG. NO DECEASED NAME 20 DATE KNOWN X MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 86 EDWARD N. 19 DETT 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED :58 AM 10 1966 19 19 86 DEAD male black BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) II S A Md WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Laborer Allstate University Hospital (STU) SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 8317 Thornton Road Towson 21204 Md NO IX I FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clegg FIRST Dett Aurelia 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 213-76-3456 Harold S. Dett 8317 Thornton Road No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SO NO [219. EXTERNAL CAUSE WAS 23b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6:50xx 1-22-Operator of motorcycle/truck collision. 1986 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Seminary Ave. e. of Francke Ave., Balto. Co., MD O FUNERAL DIRECTOR, P.
FTER DEATH, MITTOR, P.
KITAL Autapsy X 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinion Accident X death resulted fram: Natural causes Hamicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL SIGNED_1-22-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial 1/25/86 Arbutus Memorial Park Arbutus Md 07/84 250 DATE RECO. BYRDE STRAR 330 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND



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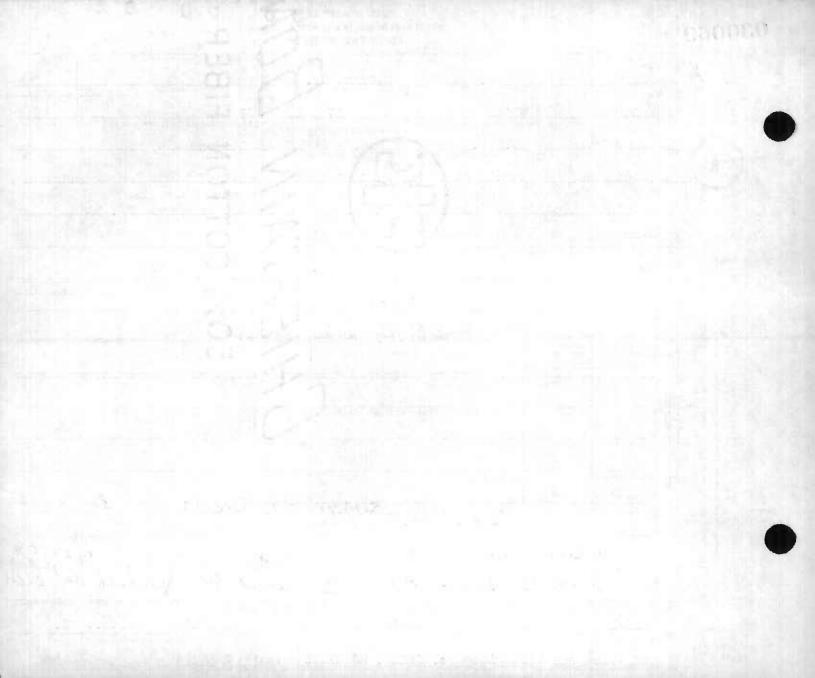
DHMH - 16 60M 7/ (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the in

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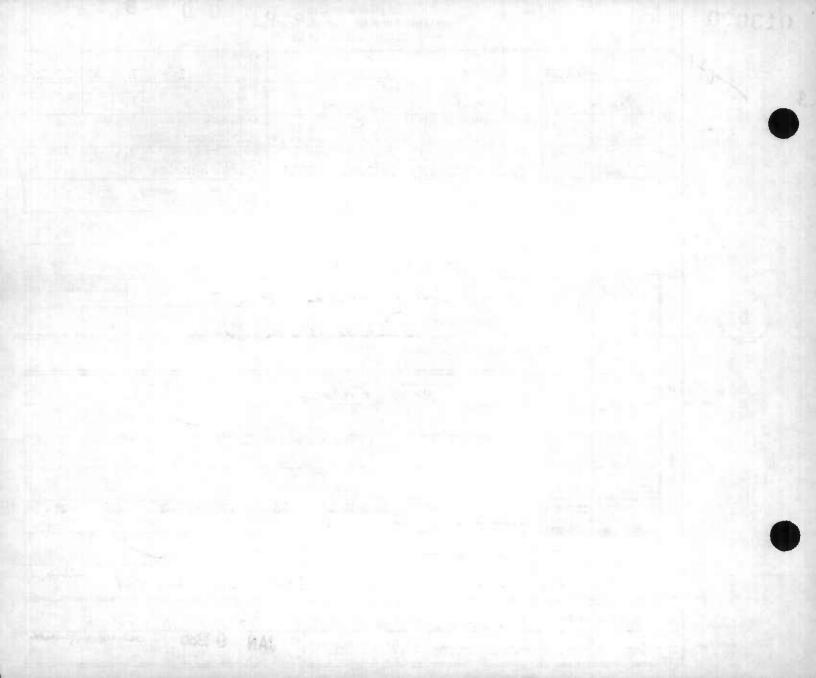
STATE OF MARYLAND O
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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00 /	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17 INFORMANT		DRESS				
	INO		063-22-4	1/42	Joan A. DeWi	tt Same	as 13	9			
CERTIFICATION		NT CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TER/						
FICA	190 DATE OF OPERATION	IVE. CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CEI	RTIFYING	CAUSES	OF DEAT	H?
ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME O	E INTUIDY		21. HOW IN LINEY 2 22	YES NO		YES		NO [
	OR CONTRIBUTING CAUSE OF		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP	KRED (ENTER NATURE OF I	JURY IN ITEM	18 PART 1 C	OR PART 2)		
CA	(IF EITHER, NOTIFY MEDICAL EXAM	MNER) P.		19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE (OF INJURY	ARM ETC)	21f. LOCATION STREET	CITY OF	town	0	OUNTY	5	TATE
<	AT WORK NOT WHILE AT WORK								0,-	-	
	22a.1 certify that (1) (this h	ospitol) ottended the	e deceosed from	-	ely-28, 1977	Juc !	1	_, 19	01	that (It (v	ve) k
	saw the deceased alive	an	17 19-8	1-,0	nd that in (my) (our) opinion	death accurred on the	date and	hour and			
	abave, (1) (we) (did) (did 22b. SIGNATURE	a not view the bady	arrer death.	-	DEGREE				22c DATE	SIGNED	1
	mai	or tei	My u	(U	ATTENDING		AFF			27	18
	22d. PHYSICIAN'S NAME (TO	(PE OR PRINT)		0	PHYSICIAN	DIRECTOR PHY	DICIAN L	-11	1	. /	1
		COS Le	20LV F	ny	201 W	1 Le De	100	u do-	UC 1	m.	21
3a E	BURIAL, CREMATION, REMOVE SPECIFY)				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		cou	INTY	Si	TATE
_	Burial	1-28-8	6 Ga	ardens	s of Faith	Roseda.		Balt	0.,	Md.	-
4. Ft	UNERAL DIRECTOR		AODRESS		25a DA	TE REC'D. BY REGISTRA	AR 25h REG	ISTRAR'S	SIGNAT	URE	
	Duda-Ruck Inc	7922 Wis		alto.	Md 21222	NI 0 0 1026	A. 4	No.	1 contract	Parada .	0



DHMH - 16 60M 7/84

Tarring Funeral Home, PAAberdeen, MD, 21001-3399 (VRA 15, 4)



2	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND & (RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. N	984	
	DECEASED NAME FIRST AUBERT	WIDDLE	DIXON		01 27 86 9.0	OAM
ge 4 may	MALE	BLACK	5. DATE OF BIRTH MONTH DAY VEAR 7 06 27	6 AGE LINYEARS LAST BIR		
1 16 35	BIRTHPLACE ISTATE OR FOREIGN COUNTRY ALTLAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
1 10 138	BAJI MORE	ONNELLITY OF MA	G HOME OR OTHER INSTITUTION ADDRESS! CANCEL CENTER CHURCH CHURCH CENTER CHURC	120 USUAL OCCUPATI		SOR
	DAL RESIDENCE (IF NURSING HOME OR D. STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW BALTIMO	YES NO NO		ID HILL AVE	212
ond with	FATHER'S NAME JAMES	DIXON	15. MOTHER'S MAIDEN NA FIRST CEORLIA	ALIDDIE	BULLET	
x de g	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV JAKAOWN)	MED FORCES? E WAR OR DATES) 166 SOCIAL SECU 220-24-	8639 Dr K.TAYLOX	2 UNIVERSI	TT OF MARYLAND CANGEL CENTE	- Q
physicio anpapers emaval.	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	ty ane cause per line fai (a), (b), and D BY: E CAUSE (a)			APPROXIMATE INTERV BETWEEN ONSET AND D MIAS	
tending re carbo an, or re umatic	Conditions, if any, which		SEADDIAL INFAR	CT	MINS	
by the aidose removal, cremati	gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE				
n signed Then ple	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO C	EATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN PART 10	
Varion. The law requirements for the seen signification on single permit Thee Hygiene prior to B shows any injury CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	1?
2 E E E E E / /	OR CONTRACTOR TO CAUSE OF THE		Y YEAR 19	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART 2)	
offending potential part this certificate this certificate burial to and Mental backed or them	ZIN INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	RM ETC) 211 LOCATION STREET	CITY OF TO	WN COUNTY STA	TE
R ATTENDII haspital or RECTOR: A hed for use vi ppt. of Heali	saw the deceased alive an	(a) attended the deceased from 1.27. 19	d, and that in (my) journ opinion	todeath accurred an the do	that (I) that (I) the and have and from the couses state	
F 0 00 0	226 SIGNATURE TOUS	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	FIAN 220. DATE SIGNED (.2).	36
retained by the TO FUNERAL should be det with the State IMPORTANT:	LERLY TO	776A	220, ADDRESS C) U. M. C. C	22 Sth (Greenet, battime	5~0
BP	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 236 N	AME OF CEMETERY OR CREMATORY	23d LOCATION	South STA	JE
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR,	An Outers	2302 W 250 DAT	B 0 3 1986	25h REGISTRAR'S SIGNATURE	-

12-17-01-01 COAL SEAN THE STATE OF THE PROPERTY OF THE PARTY OF TH THE PORT OF THE WAY TO DESCRIPTING PLANT AND LETON WHEN DOWN south of these of the first of the little of

930113	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND (3) MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	O O 9 C	3
1 75/		CEASED NAME FIRST SOHT	J ROU	DIXON	20 DATE OF DEATH MONTH DA	-86 8:45 M
other per a many	3. SE	M	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 8 19 09		UNDER TYEAR IF UNDER 24 HRS
of 17 Per	MA	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A.		9 BALTIMORE CITY OR COUNTY OF BALTIMORE CIT	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BA	ALTIMORE AL RESIDENCE (IF NURSING HOME OF	TUTHERAN HO	SPITAL ADMISSIONI	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY 21216
	14 FA	TRYLAND 136 COUNTIES NAME OHN FIRST	Soi BALTIMO	15 MOTHER'S MAIDEN NA		
1	16a V	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	CLARK ADDRESS IXON 54 WEST NO	DIXON ORTH ST.
p physical sunpapen emissol event, the		PART I. DE ATH WAS CAUSE	ly one couse per line for 101, (b) on D BY: E CAUSE 10)	c Arust.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to the death or by the attending as remove carb I, cosmotion, or affer traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	My ocardial	Infardion	
equines to have gived. Then give an important mineral minery, or m	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	N IN PART 110
The lot of	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
SICIAN Tong physical certificate virial-transfer 18 shiftem 18 shi	AL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
DING PHY or ottendin After this e os the bu olth and M marked or	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 cartify that (1) (this base)	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	211 LOCATION STREET	city or town	COUNTY STATE

should be detoched for use with the State Dept of Heol If hem 21 is MPORTANT. BP. DHMH - 16 60M 7/84 (VRA 15, 4)

DUONG 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

226 SIGNATURE

BURIAL

22d PHYSICIAN'S NAME

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceosed alive on 1-25 obove, (1) (we) (did) (did not view the body after death

HOSPITAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

MARYLAND NATIONAL

DEGREE

LAUREL

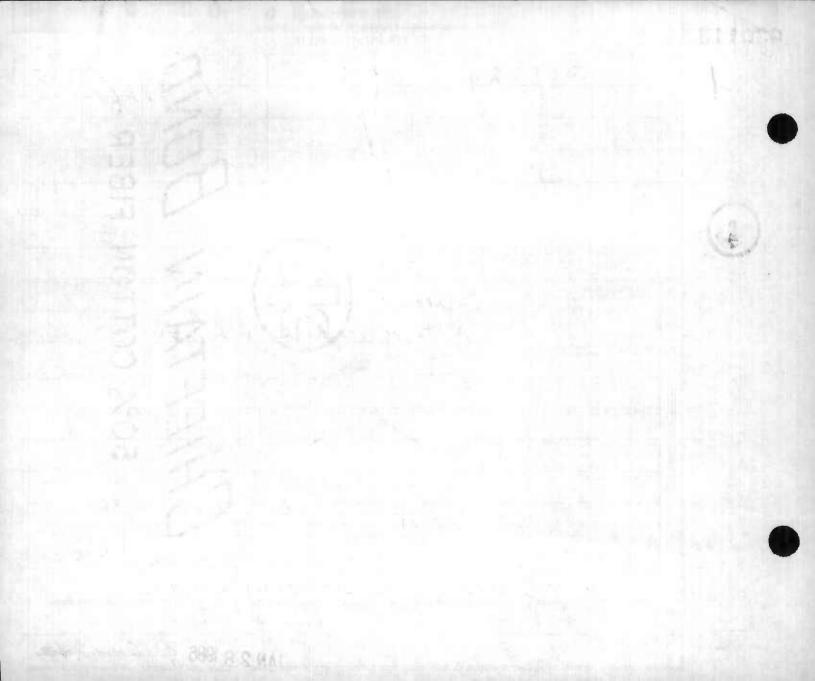
and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MARYLAND

220 DATE SIGNED 1-25-86

24 FUNERAL DIRECTOR WM. C. MARCH F/H INC. 110100RE. NORTH AVE.

1-29.86



2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

(VRA 15, 4)



BP. DHMH - 16 50M 4/B3 (VRA T5, 4)

STATE OF MARYLAND 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.		
1		CEASED NAME	FIRST May	roaret '	Anna-	L	AST Dombroski	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	,,,,,		ME	7	V	OMF	ROSKIT		1	7 86	8 PM
1	1. SEX	-		4. RACE White		5. DATE C	of Birth	6. AGE (IN YEARS LAST &	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	1	temale				1	2 01	9. BALTIMORE CITY	YRS.	VOEDEATH	
9	7a. BIF	RTHPLACE (STATE OR F Maryland	ORE IGN	U.S.	4.	MARRIE	D NEVER MARRIED DIORCED DIORCED	BALLIN	2 DRE	(ity	AD.
1	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSING STREET	G HOME C ADDRESSIME	or other institution edical Center	12ª USUAL OCCUPA (TYPOF WORK FOR MOST	OF WORKING L	IFE) 126. KIND C INDUSTRY HOW	DE BUSINESS OR DEWORK
5	130.S	AL RESIDENCE (IF NURS	13b, COUN		GIVE RESIDENCE BEFORE		138. INSIDE CITY LIMITS?	13-STREET APPORESS	an Way	¥ 21222	
2	14 FA	William		MIDDLE	Graillin	g	15. MOTHER'S MAIDEN NA	ME		LAS	ST
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Edward Dombr	oski 3111	Fleet	St. 212	224
		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b), an	d (ca.)					ONSET AND DEATH
١		PART I. DEATH W		D BY: E CAUSE (0)	Cardy	ac,	ARREST	E-DEN TEN		-	
				DUE TO, O	R AS A CONSEQUI	NCE OF				3 2 2	
		Conditions, if any, gave rise to imm		(b)							
		cause (a), statin underlying cause			R AS A CONSEQUE	NCE OF					
	17	PART 2 OTHER SIGN	NIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION G	IVEN IN PART 1	ia
	NO	5/2/4/1									
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES □ NO □	INCERT	ES, WERE FINDI IFYING CAUSES YES []	
3	CERI	21a. ACCIDENT WAS UNE	has	LIOLID A	F INJURY M. MONTH D.	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN TEM 18	PART I OR PART 2)	
7	CAL	OR CONTRIBUTING (in .	M. MOITH D.	19			1	2000	
	MEDICAL	21d INJURY OCCUR		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21L LOCATION STREET	CITY OR	NWOI	COUNTA	STATE
		22a.1 certify that (I)		tal) attended th	e deceased from	1/7	19 7 6	2	7	19 7 4	that (I) (we) last
		saw the decease above, (I) (we) (c	ed alive an	1/7	19	76.0	nd that in (my) (aur) apinian	death occurred on the	date and ha	out and fram the	couses stated
		226 SIGNATURE		/ July State Study	discrete de discrete de la constantina della con		DEGREE	11501511	.ee 1	22c. DATE	SIGNED
		-)2	11	ar		1	ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF SICIAN I	1//	t/86
		5E	NAME (TYPE C	-LOW	Ein	0	22e ADDRESS &	me			
		BURIAL, CREMATION,	REMOVAL	236. DATE	1	1 /	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	. 0 1	COUNTY	A4 1 STATE
	24 EI	UNERAL DIRECTOR	(1-//-	-00 0	ak La	wn (emetery	TE REC'D. BY REGISTRA		STRAP'S SIGNA	Md.
	1	rarles S.Ze	ilon	& Son	Inc. 907	S.Con				. *. ** ,	, one
	10			4 2016 5	100	- 01 016	a vocay ora	TAN 4 14	AD	2 . (10 . 3	30

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DHMH - 16 60M 7/B4 (VRA 15, 4)

1986 Moreland Memorial Jan 17 24 BUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

BYREGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore

Maryland

2h HOUR

21239

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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harivas vioni:	ret i Leimon	Moreland to			i.i	

and a second

3	1-	STATE REGISTRAR		19.EU	DEFA	CERTIF	ICATE OF D	EATH	IENE	REG. N	0.				
1		CEASED NAME	FIRST		MIDDLE		OCES		20. DATE OF	DEATH	MONIH	26	YEAR 86	1240 AM	
), SEX			1. RACE	LAN	5. DATE C		ZEAR ZO		6 AGE (IN YEARS LAST BIRTHDAY)				IF UNDER 24 HRS	
Mary land			OREIGN	76 CITIZEN OF		MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED			RE CITY O			OF DEATH M		
BACTI MORE				Soun-	HEACILITY, GIVESTI	REET ADDRESS)	ERAT		Sanita			er II	Balt	o City	
5	SUAL RESIDENCE IF NURSING HOME OF				13c. CITY OR TO		13d INSIDE CI YES 🎽	NO 🗆		Churc	h St	reet	t 2	1225	
E	14 FA	THER'S NAME		MIDDLE	Deres:	S		MAIDEN NAM	ME	MIDDLE		C	WET	TANDER	
	l6a ∨	Yes Yes		MED FORCES?	217 - 18	657L	17 INFORMAI Hele	n Doore	es	Same		3e			
	7	Conditions, if any, gave rise to imm couse 101, statin underlying couse	last	DUE TO, OI	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	QUENCE OF	PNEU	in home		e or con	DITION G	GIVEN IN	N PART 1:c		
7	CERTIFICATION	190 DATE OF OPERAT	TION		TION FOR WH	MSUCO ICH OPERATIO	N WAS PERFO		200 AUTO	NODK	IN CER	TIFYING	CAUSES	NGS USED OF DEATH?	
	MEDICAL CE	216. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLURE THE COLUMN	CAUSE OF DEA CALEXAMINER RED	2 le PLACE ((AT HOME STR	M. MONTH M. OF INJURY REET FACTORY, OFFR	19 KE FARM, ETC.)	211 LOCATIO	N 19	RED (ENTER NA	CITY OR TO			COUNTY	STATE that (I) (we) last	
		saw the decease above, (I) (we) (c 27b. SIGNATURE 22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	after death.		DEGREE A F 220 ADDRESS 3001	TTENDING HYSICIAN	MEDICAL DIRECTOR	STA	FF		22c. DATE	SIGNED 6 SG	
	230 B	URIAL CREMATION, SPECIFY) Buria	removal L	1/29/	/86 ²		emetery or caven Me		Gle	n Bur	nie	cou	A. KINU	. stiMa	

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchie Hgwy Balto Md

REGISTRAR 256 REGISTRAR'S SIGNATURE

And the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and fompered shell uply the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Page 4, and 4 should be filed within 72 hours after death
DIVISION OF VITAL RECORDS	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiretained by the haspital or ottending physician.	TO FUNERAL DIRECTOR After this certificate has been significantly be detached for use as the burial-transit permit. The

016019/	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TAL HYGIEN	O C	9	9	
K		CEASED NAME FIRST	MIDDLE	i AST	20.	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
hoy be		HALLE	P. Vorsey			JAN 6	1 198	0	4:05 Am
or p	3. SE	X	4 RACE		YEAR	AGE IN YEARS LAST BIR	_	FUNDER I YEAR	HOURS MIN.
irecti oge	1 0	1071101 4 65		7 10 3		54	YRS.		
Olong the Poly		IRTHPLACE (STATE OR FOREIGN N.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED '	ALTIMORE CITY O			
d thing	10 0	ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL NURSIN		CED X	Baltimo			MD. F BUSINESS OR
4 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		Baltimore	University Ho	ADDRESS)	(1)	OUSEWIFE			, 500% (200 0)
be file	USU		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)				1	
THE SERVICE STATES	130.	Md.	Balto.	YES X NO		STREET ADDRESS		S +	21230
4	14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	IDEN NAME	WIDDLE	<u> Lano</u>	LAS	
2 m		George	Munson	Eveli	na	MIDDLE	Mur		
edicol es		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU			ADDRE	SS THUI	pny	
0 20 2		No	515-22-72	37 Harry Do	orsev	404 N.	Aisaui	th St	
on popers. I event, the r		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), (b), one	8001 116	Ani	D.150	0+	BETWEEN	IMATE INTERVAL ONSET AND DEATH
2 20000			ATE CAUSE (0)	PC COOON	min	alle	> 1		
e corb		Canadian di	DUE TO, OR AS A CONSEQUE	199 NOW	V	-			
the deat		Conditions, if ony, which gave rise to immediate cause (a), stating the) ib)	V. Paris					
by by oth		underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF				100	
equires the signed by Then pleo:	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO T	THE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 11	2
ow remit prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
The later hos nsit per riginal shows	TIF	SE IN CAL				YES NO	YES		NO [
Z Z S S S T S		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		Y YEAR 216 HOW INJURY	YOCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT OR PART 2)	
	MEDICAL	FIFEITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19					
PHY trending the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	RM, ETC) 211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
Se os mort	1		pital) attended the deceased from		9	to	. 1	9	that (I) (we) last
TTEN TTEN TOR for of Ho	19	saw the deceased alive a	in 19	, and that in (my) (our)		h accurred on the do			
OR ATTE or hospito DIRECTO asched for Dept. of It		226 SIGNATURE	7/7/2/1	DEGREE			+	22c DATE	SIGNED.
14 140 1		-/M	(Del tou	PHYS	NDING M	RECTOR PHYSIC	IAN	1/	9/86
O HOSPITAL erained by the TO FUNERAL ishould be detained with the State I MPORTANT. If		22d. PHYSICIAN'S NAME THE	OR PRINTI	22e ADDRESS	9/ /	Ud HEED	77	560	nun (+
TO He should with the Mark the	230	BURIAL, CREMATION, REMOVA	L 23b DATE 23c N	AME OF CEMETERY OR CREM	WICEN I	23d LOCATION	756	2018	WC DV
BP	2.50.	(SPECIFY) Burial	h /10/05			CITY OR TOWN	100	COUNTY	STATE
	24 F	UNERAL DIRECTOR		butus Mem. P	250. DATE RE	Arbutus C'D. BY REGISTRAR	Md 25b. REGISTR	AR'S SIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)		Wm C March F/F	West 4300 Wab	ash Avenue	JAN 1	8 1996			



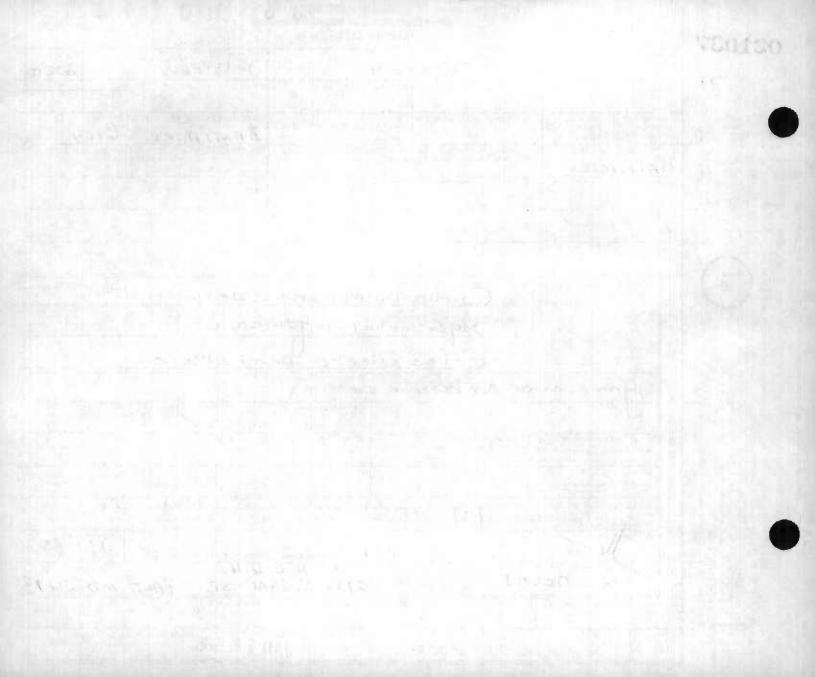
021037	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEAD	FMARYLAND AT HY ATE OF DEATH	GIENE 0 0	9 9 2	
	(TYPE	ORPRINT) LUCIU			<u> </u>	1-13-86	Bank da	26 HOUR 202 AM
ge 4 mg	3 SE	Male	4 RACE Black	5. DATE OF B	15 04	6 AGE LIN YEARS LAST BIRTHDA	MONTHS DATE	
of control of		RTHPLACE (STATE OR FOREIGN COUNTRY) Georgia TY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSII	MARRIED L		BALTIMORE CITY OR C	OF BUSINESS OR	
The state of the s	-USU/		OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	HOSPITAL	Laborer		
Ibin 24.5		Maryland 136 COUN	Baltime	ore y	I. INSIDE CITY LIMITS? ES NO NO NOTHER'S MAIDEN N	130 STREET ADDRESS / ZI 521 East 2	Ist Street	21218
1000 Sept	160 V	Charles VAS DECEASED EVER IN U.S. ARA	Dorsey MED FORCES? 1166 SOCIAL SECI	URITY NO. 17	Mattie INFORMANT	ADDRESS	Wilso	n n
		res, no or unknown) [If yes, give	247 - 07 - 8	8423		rsey 1656 Nor		
		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and BY: E CAUSE (a) Carclic		monany	ames 1-	8ETWEET	DXIMATE INTERVAL N ONSET AND DEATH
that the deoth is d by the ottendit ease remove car al, cremotian, or		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	emella	1	eart clises	nes	
en signe Then plor to bur to injury, o	NOL	PART 2 OTHER SIGNIFICANT C	onditions contributing to	DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1	(a
The low cron. he has be sit permit grene principle.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO NO	Db. IF YES, WERE FIND N CERTIFYING CAUSE YES	INGS USED S OF DEATH?
4YSICIAN: iding physic is certificat buriol-frant Mental Hyg or Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED		AY YEAR	HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
After thing of the sast the sa	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		STREET 1086	CITY OR TOWN	COUNTY	STATE
ATTENÇ		saw the deceased alive an above, (1) (we) (did) (did not	1/13/19	BB , and th	nat in (my) (aur) opinior	death occurred an the date of	and haur and from th	
by the hore ERAL DIRE e detoche Stote Dept		THE PROPERTY NAME STORE OF	PRINT	MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		ESIGNED S
TO HOSPITAL retained by the TO FUNERAL should be deto with the State I MPORTANT #		d. nt	SAI	2	2724 N. CI	HAS ST. I	BALT. MI	21218
RP		URIAL, CREMATION, REMOVAL			e Cemetery	Ball'tomore,	COUNTY	stMd.

DHMH - 16 60M 7/B4 (VRA 15, 4)

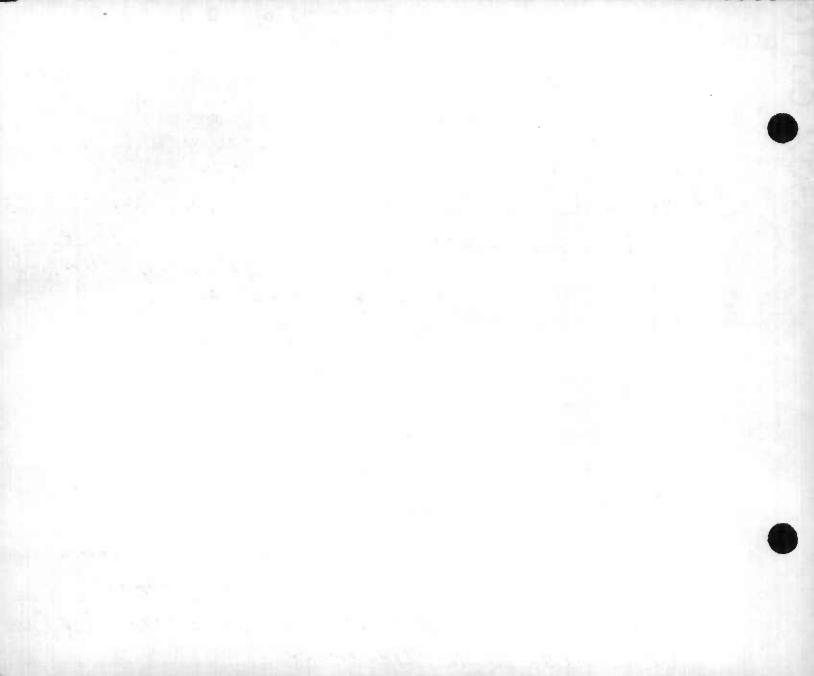
BP.

24 FUNERAL DIRECTOR March Funeral Homes 1101 Easst North Avenue

Balitamore, JAN 1 7 1986



016069	1.	FOR STATE REGISTRAR		STATE OF MARYLAND & 6 NT OF HEALTH AND MENTAL HYGICERTIFICATE OF DEATH	IENE O O	9 9 3
		CEASED NAME FIRST	Paula	Dicen	20. DATE OF DEATH MON	TH DAY YEAR 25 HOUR
ge 4 may be ector, page 3 rs after death	3. SE	Female	BLACK	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	I IF UNDER LYEAR IF UNDER 2 HBS MONTHS DAYS HOURS MIN.
death. Pog	70. B	RTHPLACE (STATE OR FOREIGN 76.		MARRIED NEVER MARRIED NOT DIVORCED	BAH more	CITY MD.
	18.C	HIMORE City	BOW SECOL	es Hospital	170 USUAL OCCUPATION (TYPE OF WORKE OF MOST OF WO	126. KIND OF BUSINESS OR INDUSTRY
	M	AL RESIDENCE (IF NURSING HOMEOROTE STATE 13b COUNTY ALLANO	Balton	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIF	
1300	B	FIRST MIDI	MANNIN	9 Vio A	MIDDLE ADDRESS	10 Ve
A Poget		YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) 2/4-44-1	7230 LAWrenc	E R. MANNI	19 9/2N, Broadwa
quires that the death certification by the attending of the please remove corbans to build, cremation, or remining, or other traumatic even	N	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate cause lol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	CE OF Rivers	LE REZZ	
he low red on. hos been t permit. I ene prior i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 2018	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN The go physicion of certificate hiddliness to entitle the mile from 18 show	1	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
uG PHYSICIA attending ph fter this certif is the buriol-th hond Mentol orked or item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FAR	YII LOCATION STREET	CITY OF TOWN	COUNTY STATE
R ATTENDIR hospital or RECTOR A red for use spt. of Healt		27a.1 certify that (1) (this hospital) sow the deceased alive on obove, (1) (we) (did) (did nat) v		, and that in (my) (our) opinion o	to leath occurred on the date o	
the Doct		Holens ha	hands.		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITA TO FUNERA Should be de with the Stat			m. SAN UN DAY.	22e ADDRESS		np/1
BP		BURIAL OREMATION, REMOVAL	236 DATE 234 NA	ME OF CEMETERY OR CREMATORY DUN + Zisp 250, DATE	23d LOCATION CITY OR TOWN A 1 5000 REC'D BY REGISTOR RIZAN	COUNTY MARCHAN REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	M.C. MARCH	F/H. INC. 116	18. North Ace.	JAN 1 3 1986	O Sylver o Sylver over &



023108	1-	FOR STATE		F#613 STA	HEALTH			0 9	9 4		
Bankin X	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) Bett		MIODLE		TAST Ot.son	Zo. DAT	REG. NO E KNOWN (2 ESTI- H MATED [MONTH D	DAY YEAR 15 19 86	26 HOUR
ON STREET		emale Cauc.	5. DATE OF BIRTH MONTH DAY 11 27		EARS IF UN	DER 1 YR. IF UNDER		TE UNCED	MONTH D	DAY YEAR 15 1986	9:53:
MITHER A	FO	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A		WIDOW		ED Bal	timore	City,		M
A)35		TY OR TOWN OF DEATH Baltimore Residence (if in nursing how	Church	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS! HOME & HOS	spita]	ER INSTITUTION	for most of w	ORKING LIFET	Title 1	KIND OF BL OR INDUST Trave	RY
SHOUND SHOUND	Da.5	TATE 136 COL		Baltimo:		13d. INSIDE CITY LIMITS? YES R NO		Luze	rne A	ve. 2	1224
30) 16a V	Levi VAS DECEASED EVER IN U.S. A		McMurphy 166. SOCIAL SECURI	TY NO.	15. MOTHER'S MAIDE PEARL 17 INFORMANT	EN NAME	ADDRESS	Le	e LAST	
MITH IN PAGE	(NO IB CAUSE OF DEATH (Enter	only one couse per line	462-48-	9336	George D	otson	131 N		APPROXIMAT	E INTERVAL
EXAMINER ALCING IAL TRANSIT FERMI MENTAL HYGIENE ON, OR REMOVAL	>	DADTI DE ATILIMAC CALL	SED BY: IATE CAUSE (a) Pu Sh the te DUE TO, OR		cox cight		complicat	ing		BETWEEN ONSE	T AND DE ATH
S A BURIAL	NO	PART 2 OTHER SIGNIFICANT CONDITIO	ns CONTRIBUTING TO DEATH I Desity	BUT NOT RELATED TO THE TER	MINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 (a)				
URIAL	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH OPE	ration w	AS PERFORMED?			2	YES X	? NO 🗌
OR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURNAL OF	MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING ** OR CONTRIBUTING CAUSE O 218 INJURY OCCURRED WHILE NOT WHILE	F DEATH 12:3PM	MAONTH DAY YEA	85 S	ubject sli		fell	PART 1 OR PART 2)		STATE
TH THE STATE		220 certify that I took cho	hos	spital cribed obove, held on		S. Key Medic sy X, Inspection , Homicide	cal Cente	r, Balt	imore	City,	MD.
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE AN	n M. Dixon	M.D.		TITLE (SPECIFY) D. Assistant		AMINER Balto.	DATE SIGNED_	1/16/8	86
PAG TO F BALTE BALTE	230.BU	(TYPE OR PRINT) ATT JRIAL, CREMATION, REMOVAL PECIFY) Burial		23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		TATE Bit 2
AH - 17 5 ME (5))		Dabrowski				250. DATE F	REC'D. BY REGISTI		timore STRAR'S SIGN		Md.

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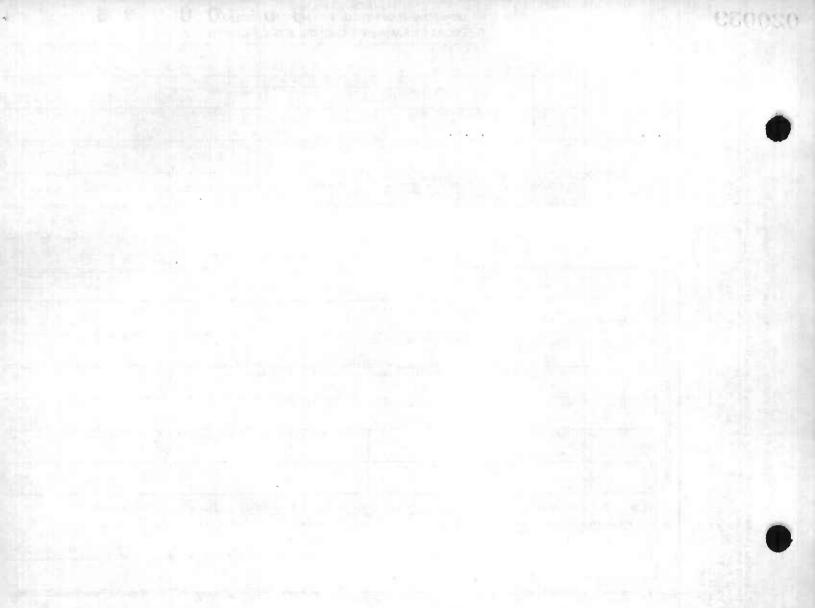
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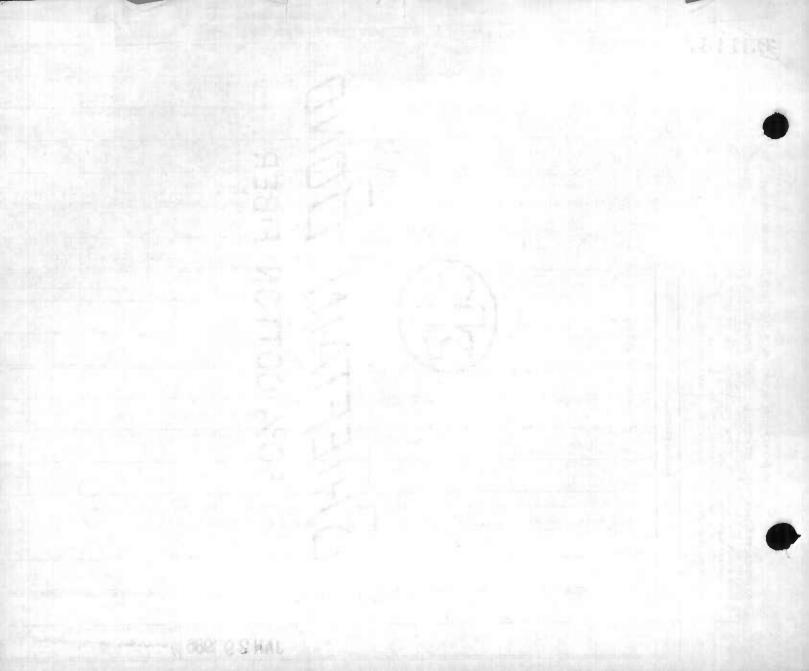
020039	1-	FOR STATE				MENT OF	HEALTH		SHTADH'		EO 0	9	9 5	
X		REGISTRAR CEASED NAME PE OR PRINT)	FIRST	Mici	MIDDLE			LAST	LATEO		20. DATE KNOW	ri-	MONTH DAY YEA	2b. HOUR
RY, PLEASE DIRECTOR, DUR FILES. 72 HOURS	3. SE.	× F	4 RACE CATH	FRINE DATE OF BIRTH MONTH DAY 4 13	YEAR 21	6. AGE (IN YE	ARS IF UN AY) MONTE		IF UNDER 2		DEATH MAT 2c. DATE PRONOUNCED DEAD		1-6-86 19 MONTH DAY YE. 1-10-869	AR 2d HOUR 4:48
IS NEGESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS I W PREFION STREET,	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C. 10 CITY OR TOWN OF DEATH			U.S.	76 CITIZEN OF WHAT COUNTRY?				VER MARRIE DIVORCE	0	Baltimore Baltimore	ore (COUNTY OF DEATH	MD
A H & H & O	В	altimor	e	1630 ETT	SWOY	th Stre	eet	EK 114311101	HON	FORA	N/A	IFE)	OR INDU	
F ANY DEL AND 3 TO RETAIN SHOULD BE	130 S	ARYLAND	13b. COU		13c CITY	OR TOWN	ON)	13d INSIDE (I			E . ELLS	SWORT	CH STREET 2	21213
RE, MD	RO	ATHER'S NAME PIRST OBERT		WIDDLE	JONE			ALI	R'S MAIDER	NNAME	WIDDLE		LAST	
BALTIMORE, MD. SCATTE DEATH IF CONTROL 25 IN FORM NO 25 INSCREDE TO 25 INSCRED TO 25 INSCREDE TO 25 INSCREDE TO 25 INSCREDE TO 25 INSCREDE TO	16a. \	ES, NO, OR UNKNO	D EVER IN U.S. AI	RMED FORCES?		-18-982		MARY		ART I		DRESS CHAPE	L STREET	
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DS, 201 ECUTEGONE G" IN PERSON SURIEXA AND ME AND ME AND ME AND ME		cause (o) lying cau						OR CONDITION	GIVEN IN PART	I] (o).				
VITAL RECORDS, SHOULD BE EXECTED ORD "FENDING" CHIEF MEDICAL E USED AS A BUF ET USED AS A BUT OF HELTH AND URIAL, CREMATIN	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOP	
BIVISION OF VITAL S CERTIFICATE SHOU RDED TO THE CHIEF RES SHOULD BE USE RES SHOULD BE USE RES PREMENT OF P. OI PRIOR TO BURIAL	EDICAL CER	UNDERLYING CONTRIBUTION 21d. INJURY C	NG CAUSE OF	21e PLACE C	MONTH	19 (AT HOME,	21f LO	ATION	OCCURRED) IENTER N	NATURE OF INJURY IN	ITEM 18 PAR	RI I OR PART 2}	
NER: THIS CATE, W FORWA! TOR: PAC THE STAT	W	220. I certific death resulte		rge of the remains descural couses X,		ve, held an	Autop:	Hamici	PECIFY)	Undete	Inquiry ,	<u> </u>	in my apinion	STATE
TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLL		SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	11)	garita A.				ADDRESS_	111 Pe		cal examiner Street		DATE 1-11-86)
07/84 BP	Bi	URIAL	TION, RÉMOVAL	1-17-86		MOUNT 2		12/20		LĂ	SDOWNE		COUNTY MARY	LAND
DHMH - 17 (VR A15 ME (5))		UNERAL DIREC		NC. 1101 E	. NOI	RTH AV	ENUE	2		C'D. BY	REGISTRAR 256	REGISTE	RAR'S SIGNATURE	KARL :

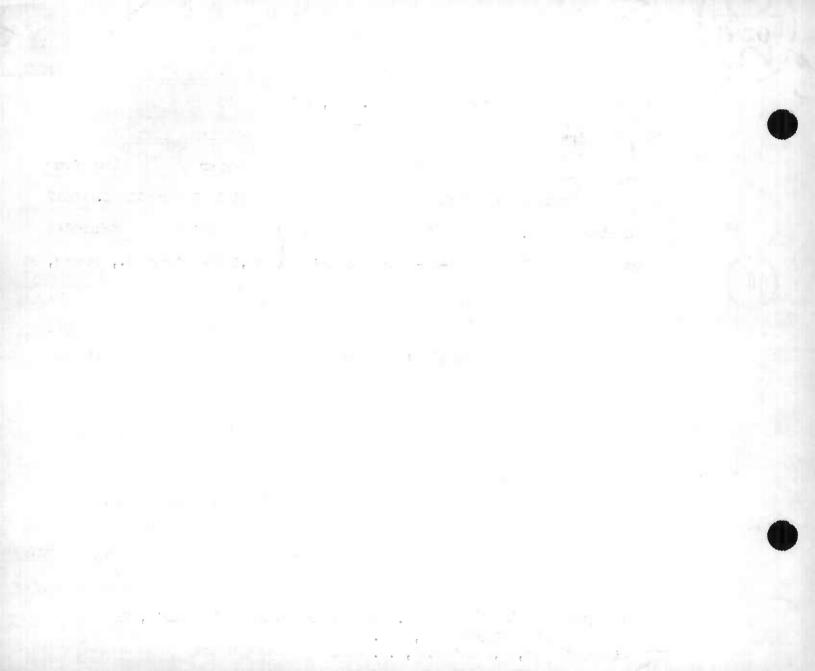


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 021095 CERTIFICATE OF DEATH REG NO 2a. DATE OF DEATH . DECEASED NAME LAST TYPE OR PRINT SAMUEL 2:00 BOYD DOWNEY January 1986 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White 1896 Male June 22 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED USA Baltimore City DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) 2 Ellerslie Avenue INDUSTRY Baltimore Government Civil Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD Balto. YES 🔀 3312 Ellerslie Ave., 21218 NO 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME McClellan Ella James Downey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 212 07 2305 Mary Downey Wilkes, Balto., MD Yes 18 CAUSE OF DEATH (Enter only one couse per line for 181) the ond ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 28e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH BAY OR CONTRIBUTING E OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 220.1 certify that (this hospital) attended the deceased from 6-9-82 J AM 1082 22c DATE SIGNED -15-86 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. Edwin J. Berstock, MD 302 E. 33rd St., Balto., MD 23a. BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Balto., COUNTY Cremation 1/16/86 Green Mount MD 24 FUNERAL DIRECTORIENTY W. Jenkins Sons Co. 250. DATE REC'D. BY, REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 and the same of the same 4905 York Road Balto. . (VRA 15, 4) MD

Y June 1, 1, 1 insurance of the Hamiltonian State Communication of the Hamiltonian Communication of the Hamiltonia melfelGard all arms a result The second second will be the said or re rinel. aller meets directly (VIII) Disconding the part of the par to the American proton arrange tion of part and friend

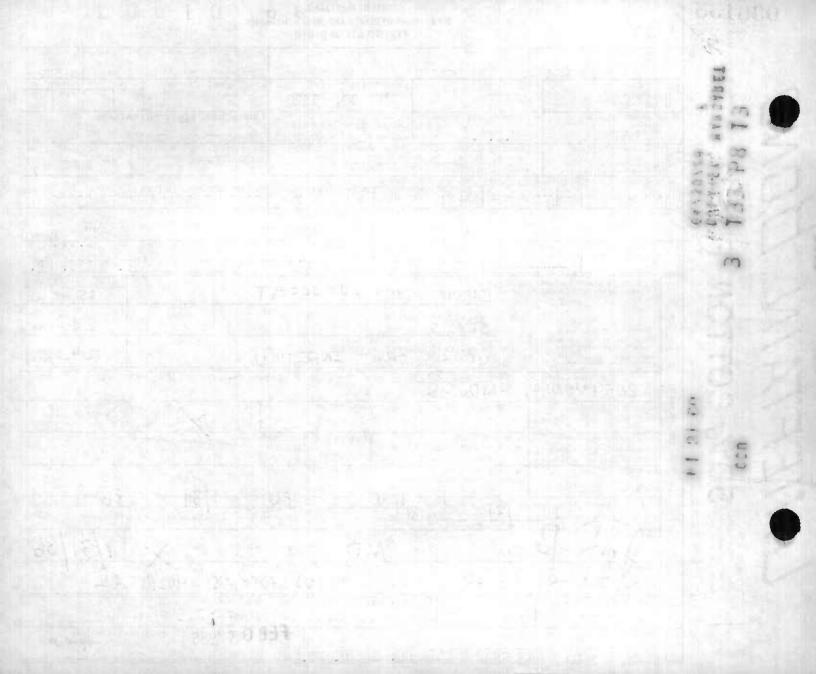
STATE OF MARYLAND





036155 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) MARGARET KATHERINE JAN.31,1986 5:58P M DULANEY 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS APRIL 30 1928 FEMALE WHITE BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED [BALTIMORE CITY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKER HOME BALTIMORE JOHNS HOPKINS HOSPITAL 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 5304 KENWOOD AVENUE YES T NON 21206 EATHER'S NAME 15. MOTHER'S MAIDEN NAME GEORGE ANASTASE MARGARET DORSEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21206 IYES NO OR UNKNOWN) 173 22 5181 JAMES DULANEY 5304 KENWOOD AVE. NO BALTO, MD 18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: AQREST CARDIOPULMONARY 15min IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF (b) SEPSIS Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF TRACT INFECTION couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 PNEUMONIA 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 206 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDI 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE D NOT WHILE DAT WORK 22s I certify that (I) (this baspital) attended we deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ld be der MPORTANT RESAR 201 231 NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION (SPECIFY) CITY OR TOWN STATE BURIAL /3/1986 BALTOMORE MARYLAND 756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 FUNERAL HOMES 7110 BELAIR RD. BALTO (VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR STATE OF MARYLAND 8 6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

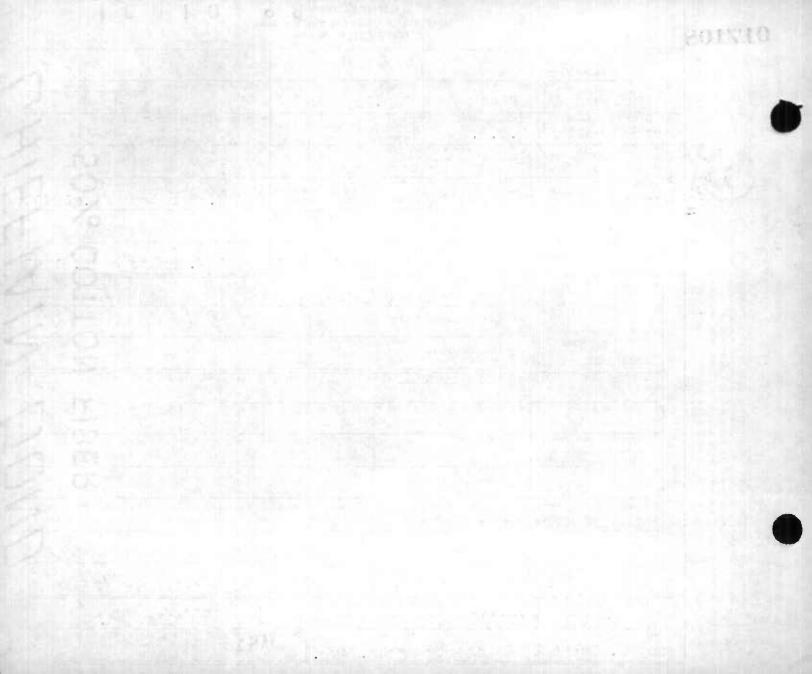
REG. NO.

DATE OF DEATH MONIH DAY YEAR 2b HOUR

0 / 11 P6 4135P

5	T. DEC	OR PRINT) LONZ	WIDDLE	DUN	LAP	20. DATE OF DEATH MONTH D	PL 1350
	3 SE)		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR5
-		Male	Black		12,°1′935′ ^{EAR}		ONTHS DAYS HOURS MIN.
, -7	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU			9 BALTIMORE CITY OR COUNTY	OF DEATH
1	So	uth Carolina	U.S.A.	WIDOWE	DIVORCED I	Raltimo	recity MD.
04	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE	1126 KIND OF BUSINESS OR
1	ÜSUA	AL RESIDENCE AN NURSING HOME OR		aratoga EREFORE ADMISSIONI	Street	Local #194	Union
	Ma Ma	ryland 130 COUNTY	TY 137 CITY O		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	903 W. Sarato	ga St.21223
20	14 FA	Walter Walter	Dunlâ	ap	15. MOTHER'S MAIDEN NAM	1110/016	d Dunlap
1	16a V	VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRESS	
/	Υe	S (IF YES CIVE)	II 248-5	52-9752	Annie Dunla	ap 903 W.Sarat	oga St.21223
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for ia;, D BY E CAUSE (0) TLR/	yival	Cancer	recordary f	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)		Can	cer of stoma	ch
	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or condition give	N IN PART 110
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
9		2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
- 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE NAT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this beaper sow the deceased alive on above, (I) (we) (did) (did we	4 /		d that in (my) (our) opinion d	eath accurred on the date and hour	9 d 6, that (i) (we) last and from the couses stated
		22b SIGNATURE	A A		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
1		22d. PHYS CIAN'S NAME (TYPE O	1 - YEN HU	Any	22e ADDRESS	S Persua	H180
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	231/ DATE 1/17/86		METERY OR CREMATORY On Forest	23d LOCATION CITY OF TOWN OWINGS Mills,	COUNTY STATE
		INERAL DIRECTOR		43	25a DAJE	PEC D. AY REGISTRAR 256 REGISTR	ADIC CICALATURE
34	Lei	roy O. Dyett	4600 Liber	ty Hght	s. Ave.		WELL TO THE

DHMH - 16 60M 7/84 (VRA 15, 4)



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		1-	FOR				MENT OF					1 0	0 4		
02	21036	1	MEGISTRAR	FIRST	WED		EXAMIN			TATE OF	DEATH	REG. NO			
	1		CEASED NAME TE OR PRINT)	FIRST		WIDDLE			LAST		20. DATE OF	KNOWN X	MONTH D	DAY YEAR	26 HOUR
	ASE OR SE			Sammy		L.		Dur	ston		DEATH	MATED _	1/1	4/19 86	N
	STEETS	3. SE	(4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER 24	HRS. 2c. DAT	E NCED	MÓNTH	DAY YEAR	2:10
	SZ OUR		Male	Black	6 19	43		RS.			DEA	D	1/1	4/19 86	PM
	ESS. PRAL REST		RTHPLACE (ST	TATE OR	76. CITIZEN OF WH	AT COUN	VTRY?	8 MARRI	D NEV	ER MARRIED	9 BALTI	MORE CITY O	R COUNTY O	OF DEATH	
	ON SERVICE OF SERVICE			Arolina	U.S.A			WIDOW		DIVORCED		timore			MD
	SEE GEE	10. C	ITY OR TOWN		11. NAME OF HOSP	ILITY, GIVE S	TREET ADDRESS)		R INSTITUT	10N 1	2a. USUAL OCCU		OF WORK 12b	OR INDUSTR	
	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W. PRESTON STREET		Baltir		3032 Oa	ak Fo	ord Ave				N/A	AKII4O LII LJ			
5	AND S		AL RESIDENCE TATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVI		OR TOWN		13d. IHSIDE CII	VIIMITS II	3e. STREET ADDR	FSS			
21201	A NE SE	1	larylan			Ba	Itimore	е	YES X	NO 🗆	4704 Sa	yer Av	enue	21229	
ð.		14. F.	ATHER'S NAME		WIDDIE		LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE		LAST	
2	DEAT GES M P/ OF V		Jessie			Will		70	E	Essie		Mae		Thomas	
MO	PAC ORA ON O	16a. \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT	610 1	17. INFORM			ADDRESS			07745
BALTIMORE, MD.	LRS AFTER DEATH CIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2 DIVISION OF VITA		NO			238	8-70-2	952	Ethe	el Thor	mas Jone	es 2013	Halet	horpe	Ave.
-	WII. P		18 CAUSE O	F DE ATH (Enter on	ly ane couse per line f	ar (o), (b), ond (c).)							APPROXIMATE BETWEEN ONSET	
3	PERMET		PARTIDE	ATH WAS CAUSE IMMEDIA	TE CAUSE (a) AT	cteri	oscler	cotic	Cardi	.ovascı	ılar Dis	ease			
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8	HAN AND				(c)										
DIVISION OF VITAL RECORDS	SHOULD BE EXECUTED SED "PENDING IN PROPERTY OF HEALTH AND MEDICAL EXAL OF HEALTH AND MEDICAL CREMATION."		PART 2 OTHER SIG	GNIFICANI CONDITIONS	CONTRIBUTING TO DEATH BE	JI NOT RELA	NED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a)				
8	MEDIC MEDIC ASA CREVI	CERTIFICATION				30/1						4.00			
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	DIE WITH				XIA	1/			TITLE (SP	ECIFY)					
	THE HALL		ACTUAL SIGNATURE_		///	V		M.	Ass	istant	MEDICAL EXA	MINER	DATE SIGNED_	1/15/	86
	MEDIC CUTE 3E 4 S FUNE TIMO		EXAMINER'S	NAME											
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR; PAGE 3 SHOULD BE GOOD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(TYPE OR PRIN	(I) Grec	ory R. Kau				DDRESS		Penn St	•			
	を見るなる。	23a.B	SPECIFY)	ION, REMOVAL			NAME OF CE			RY	23d. LOCATION		COUNTY	STA	ATE
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2.5711	DHMH - 17		NAME		ADDRESS					DATE REC	N 1 7 10		TRAR'S SIGN		alle_
	(VR A15 ME (5))	Ma	arch Fui	neral Hon	nes 1101 E	asti	North /	Avenu	2	JA	14 1 10	111			

CANTELS I of many the state of the HE CHEN Inc. Inc. 8728 bireit, and Man. Mr. . : 93

1 - STATE REGISTRAR STATE OF MARYLAND B DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0100

REG. NO

250 DATE REC'D. BY REGISTRAR SO REGISTRAR'S SIGNATURE

MARY DUVALL	In DATE OF DEATH MONTH DAY TEAM IN HOURS
Te. SPACE White 5-29-58	AGE (IN YEARSTALD SETHDAY) # UNDER LYINE # UNDER 24 HIS. MICH.
BIRTHPLACE I THE CITIZEN OF WHAT COUNTRY? MARRIED IN NEVER MARRIED WIDOWED DIVORCED I	BALTIMORE CITY OF COUNTY OF DEATH
O DAHO. Jersing Porking N. H.	THE OF WORLD OCCUPATION THE INDUSTRY
The Pallo YES NO	3304 Hamlet Ave
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME 18 MOTHER'S M	MODEL
16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, CITY WAS DECEASED) 215-24-7795 Mrs. Jean-L	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	remoria 7/0days
Conditions, if ony, which gove rise to immediate	a ·
10	or Lisease C Cerebral
The state of the s	extremely Contracturs
THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCESSME WAS LINCOLUSED 216. TIME OF INJURY 216. HOW MIJURY OCCUPATED	YES NO YES NO NO
14 The second control of the second control	D. TEMBE HOUSE OF WARE IN VIEW IS WAS CONSISTED
TO Emilia ADDER SEDICA (FAMINES) P.M. 19 PILE MIJURY OCCURRED THE MIJ	CITY STATE COUNTY STATE
174.1 certify that (1) (this hospital) attended the deceased from 19 grand that in (my) (but opinion deceased from 19 grand that in (my	to 10 0 that (1) the last of the date and hour and from the source stated
PHYSICIAN A	MEDICAL STAFF DIRECTOR PHYSICIAN MI DATE SIGNED MEDICAL PHYSICIAN
FIT KASIK TR MD 220 ADDRESS YOUTH	PREORDAL 21234

ADDRESS

Balto., Md.

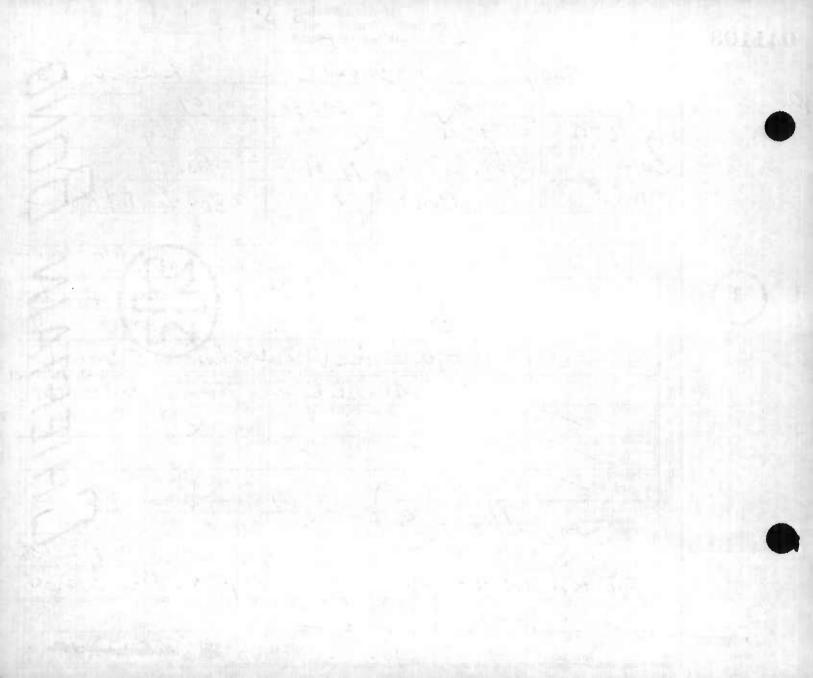
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Anatomy Board

BP.

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked or them 18 shows ony injury



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR LIVER OF PRINTS 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Female. White 1895 8 16 90 To BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINIERS Maryland USA WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Agnes Hospital Candy dipper Candy making HAL RESIDENCE (IF NURSING HOME OR OTHE SIVE RESIDENCE BEFORE ADMISSION)

1. STATE

1.36 COUNTY

1.37 CITY OR TOWN 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland Arbutus NOX 1249 Locust Avenue. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDIE Albert. Nacke1 Wilhelmina .WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 21811 (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! No 219-10-1166 K. Doris Grimm, 6005 Ocean Pines, Berlin APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY respire tor-IMMEDIATE CAUSE (a). ... DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OF LOWN WHILE NOT WHILE 220.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alive an 945 1/19 above, (I) (we) (did) (did nat) view the body after death and that in (my) (our) apinian death accurred an the date and have and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 77. Nasir PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ST AGNES HOSPITAL MOKHTAR NASIR AVENUE 900 CATON BALI 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) CITY OF TOWN COUNTY 1/23/86 Loudon Park Cemetery Burial Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

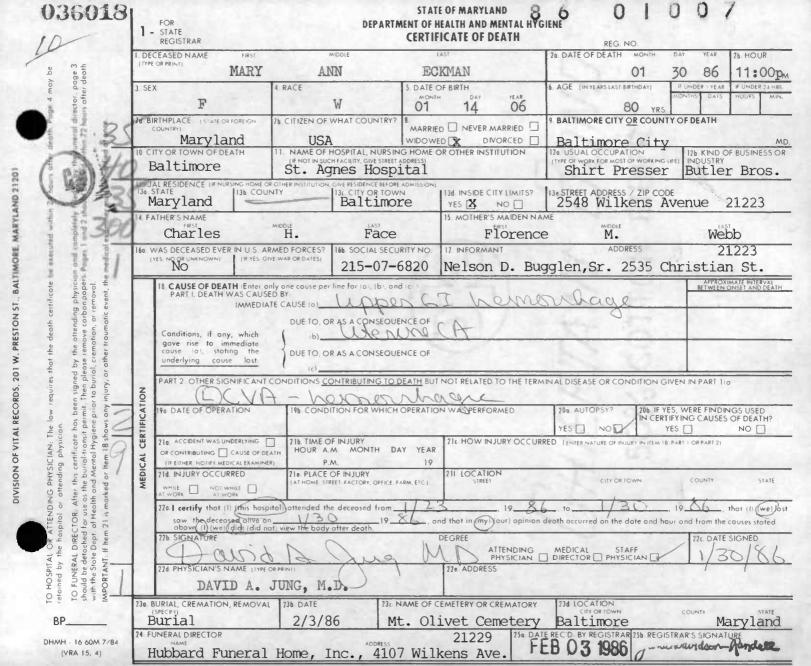
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MPORTANT

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

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Anatomy Board

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Balto., Md.

86 15 A M AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE 13e STREET ADDRESS / ZIP CODE University Green APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE 860 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE 250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE Ke- 1/21/1934/-1

MONTH

2h HOUR

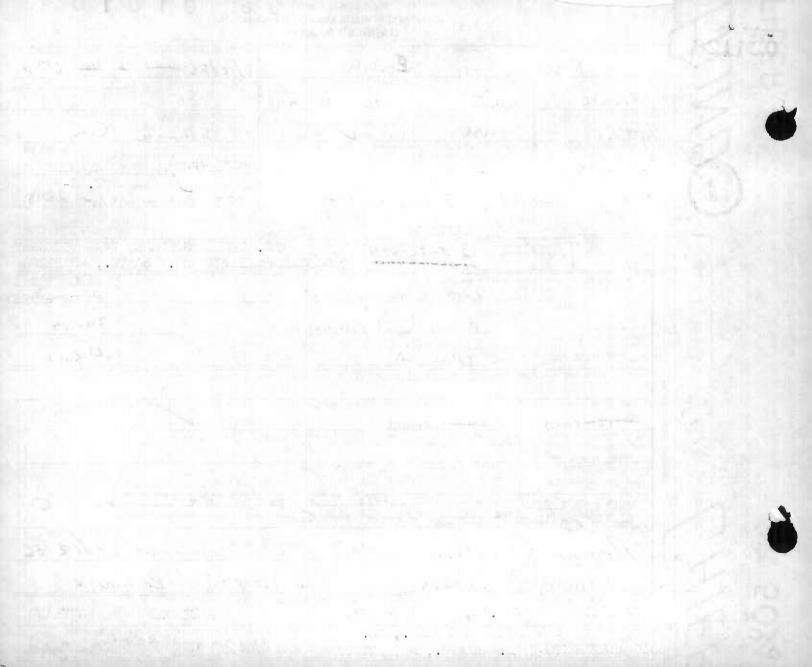
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4 0B		Female	White	10 9	99	86 YRS	
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	1	2 111	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF W	ORK FOR MOST OF WORKING LIFE	
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图 《 题题》 图	5		FACTORIAN Baltin		NO D 600	10 Park High	M5 Ave 21215
	14. FA		MIDDLE LAST	FI	MAIDEN NAME	MIDDLE	LAST
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IMORE Foges		VAS DECEASED EVER IN U.S. ARA res. no or unknown) (1F yes. GIVE NO	MED FORCES? 16b SOCIAL SECUR 2 15 - 32 603 8 9 5		'' MRS. CYR.	ILE ACCEDMAN	7439 RICKSWAY LTO., MD 21208
BALT open of t. flee		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and BY:		,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TON on other motion	10		DUE TO, OR AS A CONSEQUEN		,		24 hrs
A PART		Conditions, if any, which gave rise to immediate cause (a), stating the	1 (b) Possible bo		ion		~ (101)
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ATT ATT OF THE O		saw the deceased alive an above, (1)) view the body after death.	DEGREE	our) ppinion death occur	red on the date and hou	r and from the causes stated
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BP	23a. I	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CE		EALT IMORE	COUNTY MARYLAND
DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR SOL	LEVINSON & BROS.	,INC.		Y REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	6	110 REISTERSTOWN	U RD RALTO ME	21215	JAN 2	2 1000 4000	The se later Township 100



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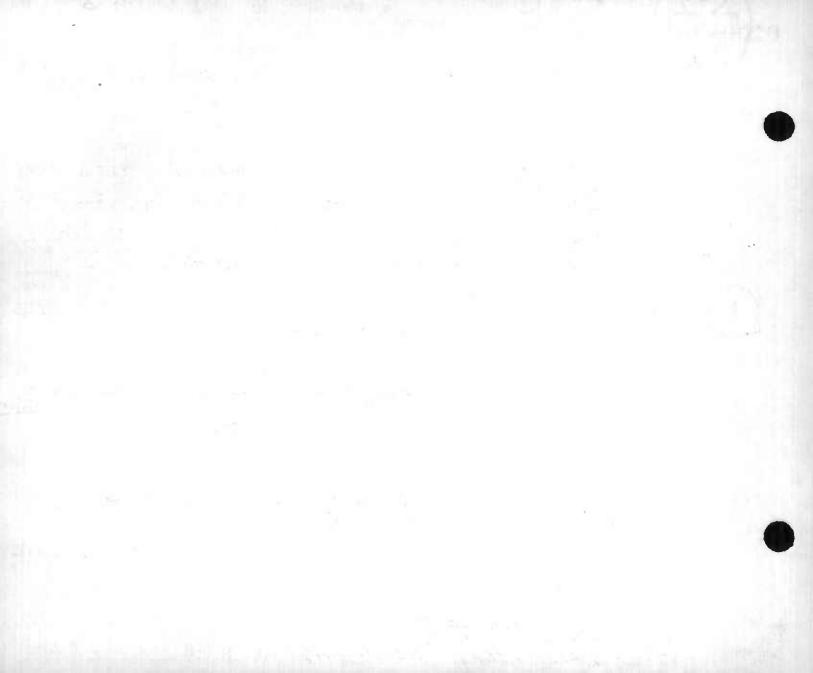
E. Patapsco

(VRA 15, 4)

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Fun. Home

010040	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND S MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	013
4 may be tor, page 3 offer death		CEASED NAME FIRST OR PRINT) ROYMON X MALE	d W. 4 RACE BLACK	S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MO Januar 6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
rer death. Page to funeral direct within 72 hours	V	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	& RAITIMORE CITY OR	DRE CITY MD
ithin 24 hours off tely filled in by th 2 should be filed intermissible noth	1	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	Since Hospital	SF Battimere READMISSION)	130 STREET ADDRESS / Z 3706 W. (0	Beth Stee
e be executed w cion and comple ers. Pages 1 and II.		NO	Ellis	-1028 EDNA D. EL	LIS BALTIMO	W. COLO SPRING LANGE, MO, 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DETAIL
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ACIAN. The law of g physican entilizate has bee ighteening permit. Market permit.	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	20a AUTOPSY? YES NO NOTER NATURE OF INJURY I	206. IF YES, WERE FINDINGS USED TO IN CERTIFYING CAUSES OF DEATH? YES NO
At Cell ATTENDING PHYS the hospital or attending at DRECTOR, after this or teroched for use as the tay ter Dept. of Health and Ma ter Dept. of Medith and Ma T. if there 21 is marked or 1	MEDICAL		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE bital) attended the deceased from, and the body after death.	December 20, 1085	n death accurred on the date	and hour and from the couses stated
TO HOSPITE TO FUNESA thould be do with the Stor		PURIAL, CREMATION, REMOVAL	17/1986 78	NAME OF CEMETERY OR CREMASORY		BATTIMONE MD
DHMH - 16 50M 4/83 (VRA 15, 4)	10	MANEY SONS	FUNERAL AND	TA 10 2/2/1	AN 0 1086	Min Dividson-Randose



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IMPORTANT: If hem 21 is marked or hem 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN The low

etoined by the hospital or attending physicia

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIF	CAILOID	LATII	REG. N	10.		
		CEASED NAME FIRST	WIDDLE	L	AST	ALUTE	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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	3. SE	X	4 RACE	5. DATE O		YE AR	6 AGE (IN YEARS LAST BE	RIHDAY)	MONTHS DAYS	HOURS MIN.
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2	7a. BII	RTHPLACE (STATE OR FOR SHE	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	MEVER M	ARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
Ŀ	14.	NUHBUNG	24.34	WIDOWE	D DIV	ORCED [Baltimo	re C	174	MD.
8	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INST	TUTION	12a USUAL OCCUPAT			OF BUSINESS OR
		Baltimore	Maryland Gene	ral H	ospita	1	PET LONGSI	,	1 2 0	
3	13a S	AL RESIDENCE (IF NURSING HOME OR DE TATE) 136. COUN			13d. INSIDE CI	Y LIMITS?	3919 FR			1206
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3		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMAL	I Kalad	ien 2919 F	E&S		146
B		you wu			yany	(11/49)	10 47.1P	CK NA		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), and D BY	d (C)					BETWEEN	CIMATE INTERVAL LONSET AND DEATH
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	3		DUE TO, OR AS A CONSEQUE						3 3 3 6 6	
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	z		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITIONG	IVEN IN PART 1	0
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7	AL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR						
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		Ivan Proane, M	I.D.		c/o 1	larylar	nd General	Hos	pital	
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STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO.					
1. DECEASED NAME FIRST ROBER		ESSER	WEIN	JANUARY 19,	1986	3 a N			
FEMALE	W HITE	5 DATE O	F BIRTH 15/1916 YEAR	6. AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER LYEAR	IF UNDER 24 HRS			
BIRTHPLACE (STATE OR FOREIGN MARY LAND	u.s.A.	MARRIED		BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY					
BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST. AGNES HO	OSPITAL	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOME MAKER	DRKING LIFE) 126. KIND C INDUSTRY OWN 1	OF BUSINESS OR			
MARYLAND B	OUNTY ALTIMORE OUNTY CATONS	SVILLE	YES NO X	13e STREET ADDRESS / ZII 6439 CLIFTO		21228 RCLE			
FATHER'S NAME CHARLES	HOWARD LAST		15. MOTHER'S MAIDEN NAM	ICES MEDILOUI.					
(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	0-0983	WADE C. ESSE	RWEIN 6439 C	tonsville, LIFTON FORC	MD. 212: GE CIRCL			
PART I. DEATH WAS CA	er anly ane cause per line far (a), (b NUSED BY. DIATE CAUSE (a)	ptic	. shoek		APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH			
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		inal disease or conditi	ON GIVEN IN PART 10	0			
190 DATE OF OPERALION	196 CONDITION FOR WH	Y. Jak		20a AUTOPSY? 20	Ib. IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?			

216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC |

DEGREE

22e ADDRESS

211 LOCATION

CITY OF TOWN

COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from 226 SIGNATURE

saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death

ATTENDING

PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and have and fram the causes stated

22c. DATE SIGNED

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

MEDICAL

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 236 DATE SPECIFYBURIAL 1/21/86

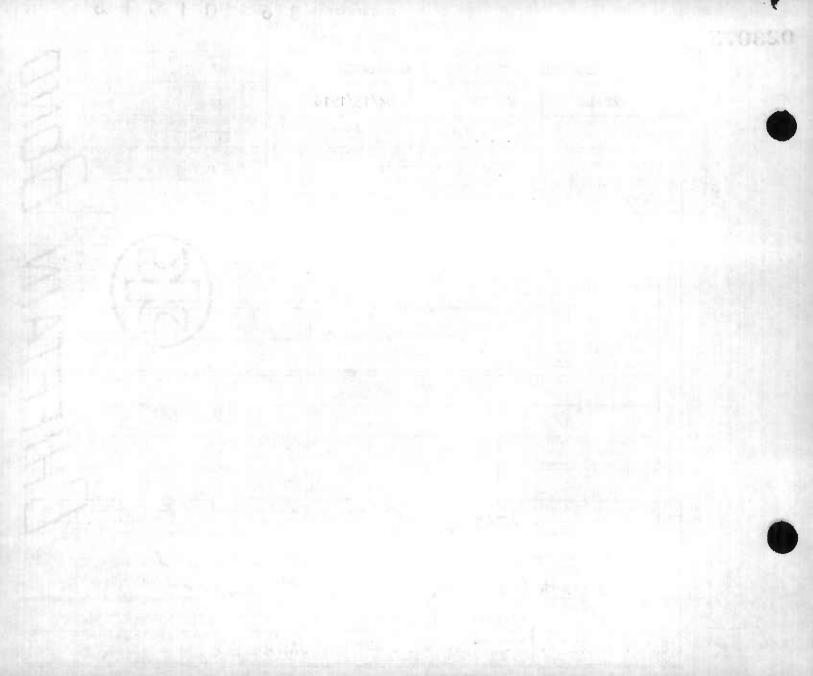
NEW CATHEDRAL CEMETERY

BALTIMORE MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

COLUMBIA MARYLAND 21045

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

STATE OF MARYLAND &

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0	0	1	7

EPARTMENT	OF	HEAL	HT.	AND	MENT	M	HYGIENE
CE	RTI	FIC	ATE	OF	DEAT	H	

	COISTRAIC						REG. I					
1. DECEA	SED NAME	FIRST	,	MIODIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
THE OR P	MARY	1	C.	LE 1 - 31	B	<i>lans</i>		1 20	1 86	5-30 PM		
3 SEX		1	I. RACE		5. DATE (OF BIRTH	6 AGE IN YEARS LAST B	IRTHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS		
			Whit	te	1-	26-1902	84	YRS	DATS HOURS MIN.			
BIRTH	IPLACE (STATE OR FO	DREIGN 7	& CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH			
COOR	Md.		U.S.	A.	WIDOW			Balto. City				
0. CITY	OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION		12a USUAL OCCUPATION 12b. KIND OF BUSH				
	Balto.		Good S	Samaritan	Hosp	ital	Housewife Housewife		INDUSTRY			
13a STAT	RESIDENCE (IF MURSING)	13b COUNT		Balto.		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5642 Purd	ZIP CODE	2/2	?39		
4 FATHE	ER'S NAME					15 MOTHER'S MAIDEN NA	AME	7 - 2				
,	William	M	T.	Coulter		Mary	A. MIDDLE	Magu	aire	\$1		
	DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		Md.		
N	O OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-18-6	324	J. Bart Evan	as. 632 01d	County I	1d. S.			
Lie	CAUSE OF DEATH	L.C.A., and					7 0 7 0 2 4	oodaroj 1		OMATE INTERVAL		
10	PART I. DEATH WA	AS CAUSED	BY:	6.1	400	redico Quelo	nor Linn			ONSET AND DEATH		
		IMMEDIATE	CAUSE (o)		1							
			DUE TO, O	R AS A CONSEQUE	NCE OF		lan dia	ease	14.15			
	onditions, if ony,		(b)		Le	101 Pronos	icery ans	eme				
cc	ouse (o), stating	the	DUE TO, OI	R AS A CONSEQUE	NCE OF		. 0	No. of London				
01	nderlying couse	lost.	((c)		,	hypertens	eon.					
PA	ART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION GIVEN	IN PART 1	0		
CERTIFICATION 181	DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS LISED		
윤								IN CERTIFYIN	G CAUSES	OF DEATH?		
Ē	B ACCIDENT WAS UND		21b. TIME O	E IN LILIDY		131. How haven occur	YES NO	YES [NO []		
	CONTRIBUTING C		110110 4	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUP	KKED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	OR PART 2)			
-	IF EITHER NOTIFY MEDIC			M.	19							
210	INJURY OCCURR	ED	21e PLACE			211 LOCATION	CITY OR T		COUNTY	STATE		
- 77	WORK NOT WHI	LE 🗍	(AT HOME STR	EET FACTORY OFFICE, FA		STREET	CHYORI	DWN	COUNTY	STATE		
220	I certify that (1)	this hospite	al) attended the			25 86 19	, to	1/29 19	66	that (I) (we) lost		
	saw the deceased	d olive on	30 pm	1/29 19 8	6 .	nd that in (my) (our) opinion	deoth occurred on the	dope and hour on	d from the	couses stated		
221	b. SIGNATURE	(ala not	view merbody	orreitaeath.		DEGREE			22c. DATE	SIGNED		
		1	1	11	MA	ATTENDING		AFF	1 1-	alsh		
		1	1	-11	1417	FITTSICIAN	DIRECTOR PHYS	CIAN 💍	11			
220	PHYSICIAN'S NO	A CALL	PRINT	466M	X.	22e ADDRESS	0	10	NE.	0		
	1	LOLA C	D D	20011	MA	(00)Pd	SWantak	1 How	on ta	V		

TO HOSPITAL BP.

should be detoched for use os with the Stote Dept. of Health TO FUNERAL DIRECTOR.

IMPORTANT: If Hem 21 is

and Mental Hygiene prior to burial, cre

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 2-3-86 23c. NAME OF CEMETERY OR CREMATORY Baltimore National

Balto., Md.

COUNTY

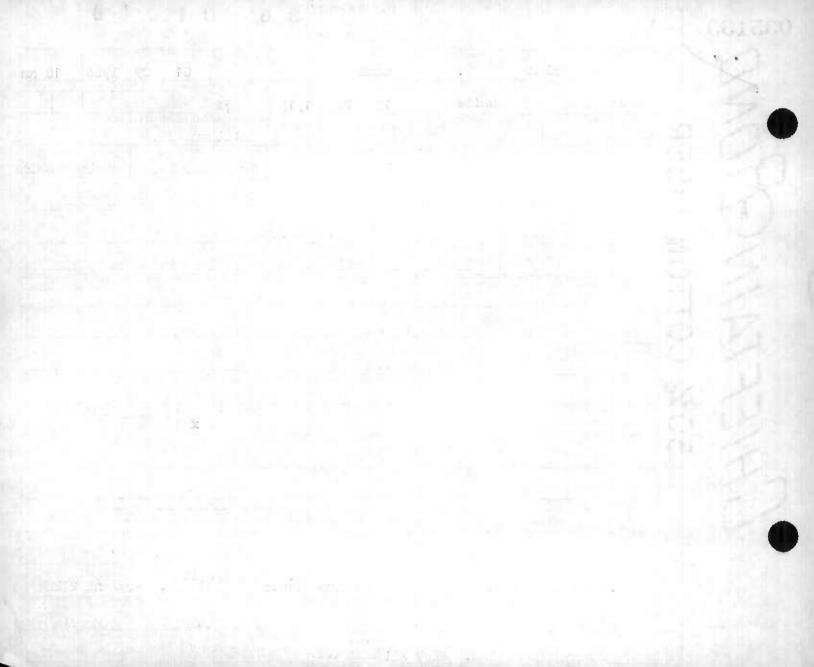
STATE

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., Balto., Md. 21214

236 DATE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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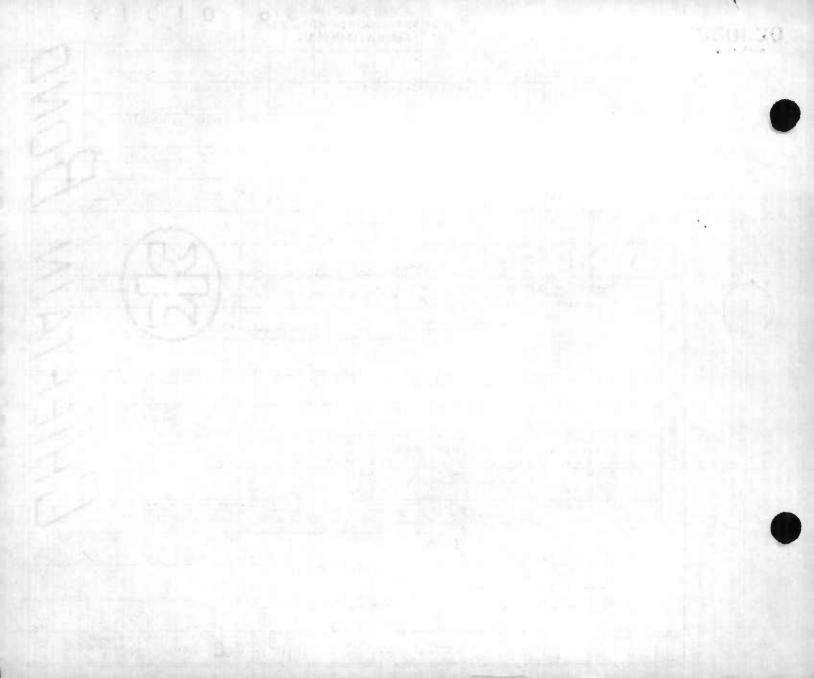


DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND 1 - STATE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0	
	ECEASED NAME FRUIT	8400	M.	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
1		IDGET A	FAHF	.V	JANUARY 1	6. 1986	6:P. M
3.56		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
	P	0	MON			MONTHS DAY	YS HOURS MIN.
On B	Fem.	76 CITIZEN OF WH	IAT COUNTRY? 8	15 92		OR COUNTY OF DEATH	
	COWIEN		MARRI	ED NEVER MARRIED		E-INCLES	
10	Ireland	U.S	SPITAL, NURSING HOME	75.	Balto. Ci	TIPE KINIE	MD. O OF BUSINESS OR
	William Control of the Control of th		ACILITY, GIVE STREET ADDRESS)	OK OTTEK INSTITUTION	ITYPE OF WORK FOR MOST O		
1 8	Alto.	Church	Hosp.		Homemaker		
lin.	STATE 136 C	OUNTY 13	COLLA OR TOWN	13d INSIDE TTY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
1		Ito.	Balto.	YES NO.	2904 Alvar	ado Sq. 212	34
385	ATHER'S NAME	WEDIE	LAST	15 MOTHER'S MAIDEN NA	MIOOLE	State of the Party	LAST
V	John		Jordan	Mary			Moran
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY NO	17 INFORMANT	ADDR	ESS	
1	no		03-03-0783	Mary T. Henn	ican 2904 A	lvarado Sa	21234
	18 CAUSE OF DEATH (Ente					APPR	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CA	USED BY:	CARDIAC AR	REST			
	IWWE	JI/112 G/1002 10/		прот			The state of the s
	Secretaria de la companya del companya del companya de la companya		S A CONSEQUENCE OF	AND CONCEC	mtur uran	m mattern	
	Canditions, if any, which gave rise to immediate		RECALUTE	CANT CONGES	TIVE HEAR	T FAILURE	-
	couse (a), stating the underlying couse lost		S A CONSEQUENCE OF				
1		16					
z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	la
CERTIFICATION	IVa DATE OF OPERATION	Ties CONDITIO	ON FOR WHICH OPERATION	ONLWAS DEDECORATED	1200 AUTOPSY?	20b. IF YES, WERE FIND	DINGSTISSE
15	IN DATE OF OPERATION	196 CONDITIO	IN FOR WHICH OPERATIO	JN WAS PERFORMED	ZUG AUTOPST!	IN CERTIFYING CAUS	
- 5	27 1000000000000000000000000000000000000			To transfer to	YES NOV	YES [NO 🗌
COMPAND OF THE	OR CONTRIBUTING [] CAUSE O	The same and the s	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2	1
13	OF EITHER HICITEY WODIC ALEKAN	P.M.	19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE FARM ETC }	211. LOCATION STREET	CITY OR TO	own county	STATE
1	AT HOR WHAT						
	22s.1 certify that III IthiX	Xpital) attended the d	eceased from DECE	MBER 2986	MALKAR of	UARY 16, 19	8 (fat (1) Ke) lost
	sow the deceased alive	JANUAR	V 1619 86	and that in (my) (Xir) opinian	death accurred on the d	ate and haur and from t	he couses stated
1	278 SIGNATURE	A Day on	ch h	DEGREE		71s. DA	TE SIGNED /
	-X.1:	1/osod	(M.1)	ATTENDING PHYSICIAN	MEDICAL STA		126/26
	224 PHYSICIAN'S NAME (1	YPE OR PRINT)		22e ADDRESS	_ DIRECTOR TITLS	1	1
	TITTTTMT	AIDA K DE	DEIDO M D				
776	BURIAL, CREMATION, REMO	NDA K. PE		CEMETERY OR CREMATORY	236 LOCATION		
	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
24.5	Burial UNERAL DIRECTOR	1-20-86	Morelar		Balto.	Balto	
	NAME		ADDRESS	250. DA1		THE HEARS HAR'S SECTION	ndelle
J	Ohn C. MIller	Inc. 6415	Belair Rd.	JAN	7 T 1300		



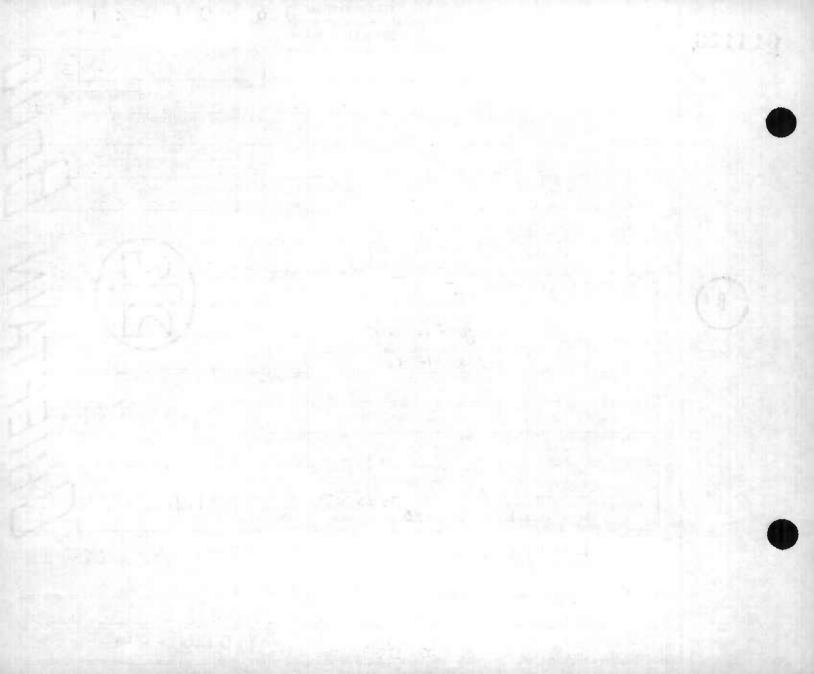
029059	1.	FOR STATE REGISTRAR	DEP		E OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	ENE 0 1	0 2 0	
e e e		CEASED NAME FIRST OR PRINT) MARK	MIDDLE		AHGY	20 DATE OF DEATH A	1/22/86	26. HOUR 2:15 RM
ge 4 may ector, pog rs after de	3 SE.		RACE W	S DATE O		6, AGE (IN YEARS LAST BIRTH	MONTHS DAY	
neral dire	70 BI	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE GITY OR	MAPE Coty	/ MD
o)	100	Ballimaet	1. NAME OF HOSPITAL, N' (IF NOT IN SUCY FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF NURSE	WORKING LIFE) INDUSTR	OF BUSINESS OR
n 24 hour	llo S	AL RESIDENCE (IF NURSING HOME OR OF STATE HIS COUNT BALTI	13c. 617 Y OR	TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	7	1227
MARYL ted withi		ATHER'S NAME MICHAEL M			IS MOTHER'S MAIDEN NAM	GLEY		AST
ALTIMORE ite pe execution in the property party pa		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	SECURITY NO 10=6501	BEHY TRU	# 5721	Som.Ch	o Apt
ST., BAL athlicate on poper enovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	es, and (c	apib pes	PIRMORY	APPROBLINGE	OXIMATE INTERVAL IN ONSET AND DEATH
res that the death comes that the attending please remove corburial, cremotion, or 1y, or other traumatic.		Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TERM	DFFEST	ITION GIVEN IN PART	l(o
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requirent this certificate has been signs of the buriolitronist permit. Then the and Mental Hygiene prior to the docked or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	ONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
N OF VITA "SICIAN: T "Ing physica certificate uriol-fronts them 18 sh them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I ORPART 2	
NG PHY offer this fier this os the b	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FFICE FARM, ETC)	ŽII LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTENDII rospitol or RECTOR: A ded for use- pt of Heali		270 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not) 27b SIGNATURE		19, o	, 19, 19	, to death occurred on the dat	te and hour and from th	., that (I) (we) lost ne couses stated TE SIGNED
ITAL OF the Iby the Iby the Iby the Ibital Difference electric Description If the Ibital Difference Ibital Dibital Difference Ibital Difference Ibital Difference Ibital Diffe		Liche C	rises d	· Cen		MEDICAL STAFF DIRECTOR PHYSICI	/ 1	22/82
TO HOSPITAL efound by the TO FUNERAL should be detined the State with the State IMPORTANT:		LEBUUII	VA L-CA	UTTO	WITH	ekon Ho	SPITAL	
BP		SURIAL, CREMATION, REMOVAL	236 DATE 1/24/86		EMETERY OR CREMATORY W CREMATORY		LLE BALTO.	MD. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME TROOSE FUNERAL HI		RESS DUTID CD		N 2 7 1900	Sh REGISTRAR'S SIGN	ATURENIARS



4107 Wilkens Ave.

(VRA 15, 4)

Hubbard Funeral Home, Inc.



036027	LI	tems 1	8-22a 3	3/5/86 mt	ST EPARTMENT O	ATE OF MA	RYLAND	GYGIENE !	0 1 0	2	2	
	11-	STATE F	#613	MED	ICAL EXAMI			OF DEATH	REG. NO		100	
141		CEASED NAM	E FIRST		MIDDLE	LA	sť	2a C	ATE KNOWN		DAY YEAR	26 HOU
CI Harish	(1)	PE OR PRINT}	MARIO	N V		FARI	NHOLT		OF ESTI-	3	31 1986	100
PLEASE ECTOR P FILE HOURS STREET,	3. SE	Х	4 RACE	5. DATE OF BIRTH	6 AGE IN	YEARS IF UNDE		R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOU
NAME OF THE PARTY	M:	ale	White	FEb. 5, 19	PEAR LAST BIRTH	Mortins	DAYS HOURS		NOUNCED DEAD	1 :	31 1986	5:43
SE SE	70 E	SIRTHPLACE (SOREIGN COUNTRY)		76 CITIZEN OF WHA	AT COUNTRY?	Te	NEVER MAR	9 B	ALTIMORE CITY O	R COUNTY		1 12/
G8522		Md.		USA		WIDOWED			Baltimor	o City	7	AA
9 4 8 50 17		ITY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HO		INSTITUTION	12a USUAL C	OCCUPATION (TYPE OF WORKING LIFE)		b. KIND OF BU OR INDUST	
(運制計	E	Baltimo	re /	North Cha			spital		o Mechan	ic	OK INDUST	K I
		AL RESIDENCE	(IF IN NU SALA HEAT	ROTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMIS	SSION)	d INSIDE CITY LIMITS?					
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MAC PAGE TO SELVENT	≈ 16g.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO. 17	INFORMANT		ADDRESS			10 10 10
ALT AND	-	yes	Kor		212-24-	7993 N	irs. Phyl	llis K.	Farinhol	t. Ser	no	
W W W W		18. CAUSE C	F DEATH (Enter or	nly ane cause per line fo					<u> </u>	U CIEU	APPROXIMAT BETWEEN ONSE	EINTERVAL
IIN 24 HOLI IIN 17EM H ? ALONG SIST PERMIT HYGIENE, MOVAL.		PARTIDI	ATH WAS CALISE	D BY: TE CAUSE (a) Ar		rotic c	cardiovas	cular d	isease W	ith	BETWEEN ONSE	I AND DEATH
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ZUTE EXA BOME ION.		iying co.	750 TOST.	(c)					A.M.	250		
PENE NG NG WAT AND WAT		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION GIVEN IN I	PART 1 (g)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INTENTING THE WORD. "RENDING" IN PENCIL IN ITE AGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PER ATE DEPARTMENT OF HEALTH AND MENTAL HYGIEI PRIOR TO BURIAL, CREMATION, OR REMOVA	CERTIFICATION											
SED SED AL, AL	2	190 DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OP	ERATION WAS	PERFORMED?				20 AUTOPSY	?
PF VITA TE SHON WORD TE CHIE ENT OF	I E										YES X	NO [
PARTIE AND THE MARK AND THE MAR	2 8	UNDERLYING	AL CAUSEWAS	216 TIME OF I HOUR A.M.	NJURY MONTH DAY YE.	AR 21c. HOW	/ INJURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITEM 18 F	PART I OR PART	fu fu	mes
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU TE DEPART	MEDICAL	CONTRIBUTI	NG CAUSE OF		1/31/ 198		ject in	haled	vehicul	ar ex	khaust	Sun
AVIS DED DED DED NI PR	Me Me	21d INJURY (STREET, FACTO	INJURY AT HOME, RY, FARM, ETC.)	21f LOCA STRE		CITY	OR TOWN	COUN	TY.	STATE
DIV B. THIS G FE, WRITH RWARDE RWARDE STATE DIV. 212011		AT WORK	NOT WHILE C	gar	age	451	Fawcet	t St.	Balto C	ity, N	1d.	
ATE SEL		22a I cert	fy that I taak charg	ge of the remains descr	ibed abave, held an	Autopsy	Inspecti	an . In	quiry , and	d in my apin	ion	
NA FIRST PAR		death result	ed fram. Natu	ral causes	Accident X,	Suicide .	Hamicide .	Undetermin	ed manner .			
CER JED WITH	1	ACTUAL	1	mx			TITLE (SPECIFY)					
¥#5¥#%-	-	ACTUAL SIGNATURE	MV	XXX		M.D.	Assistan	tMEDICAL	EXAMINER	DATE SIGNED.	2-1-8	5
MOLE S	1	EXAMINER'S	NAMEY Ann	M. Dixon,	MD		111	Donn S	t., Balto	MD	2120	1
TO MEDICAL EXAMINER: THI EXCUIT THE CERTIFICATE, WHE PAGE 4 SHOULD BE FORWARD FOR TO FUNERAL DIRECTOR: PAGENTH WITH THE STAIL BALTIMORE, MARYLAND, 212		(TYPE OR PRI	NT)				DKE22			رالالا و • ر	2120	L
F W C F < 6	(SPECIFY)	TION, REMOVAL		23c. NAME OF C			23d LOCAT	ION WN	COUNTY	S1	TATE
07/84 BP	24 5	Cremat:	ion	Feb. 3, 1986	Westvie	w Memor	rial	Cato	nsville	Balto	Md.	
DHMH - 17	24. 1			ick Inc. Ba	ltimore	Manulan		REC'D. BY REG	10.	Nounda-	-Aandel	0
(VR A15 ME (5))		Leon.	J. Hu	ok Inc. Da	rormore,	marytan	id FE	B 03 19	86 man	- en 1 (2007)	Marion	in .

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almidell obit.

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Leonard J. Buck Toc. 191 Linery, Sarving . 1-131 S 2018 11

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONIH YEAR 26 HOURLAY TYPE OR PRINTE FARR MARY 30 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR 10 10 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED S. Carolisa DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY omestic KESWICK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c CITY OR TOWN 13d INSIDE CATY LIMITS? 13e STREET ADDRESS / ZIP CODE 612 Turbridge Rd. 21212 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Randolph Kelly Mandy Hardy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 20 Sty Shirley Mickens NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID AS A CONSEQUENCE OF Syperteusine anderwooderes Conditions, if any, which gove rise to immediate DUE TO, ORAS A CONSEQUENCE OF Wascular couse (a), stoting the underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 7 In ACCIDENT WAS UNDERLYING T 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

July

211 LOCATION

CITY OR TOWN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

COUNTY

220.1 certify that (h) (this hospital) attended the deceased from saw the deceased alive an Jawayay 37 above, (h) (we) (did) (did not) view the body at \$4 \text{ death}

DEGREE MI

ATTENDING MEDICAL PHYSICIAN DIRECTOR DARYSICIAN 22c DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

NOT WHILE

M. ISABELLE MARGREGOR

236 DATE

22e. ADDRESS

KESWICK, 700 W40K STREET, BALTO. HD 21211

24 FUNERAL DIRECTOR

(SPECIFY)

222 W

north we

234 NAME OF CEMETERY OF CREMATORY

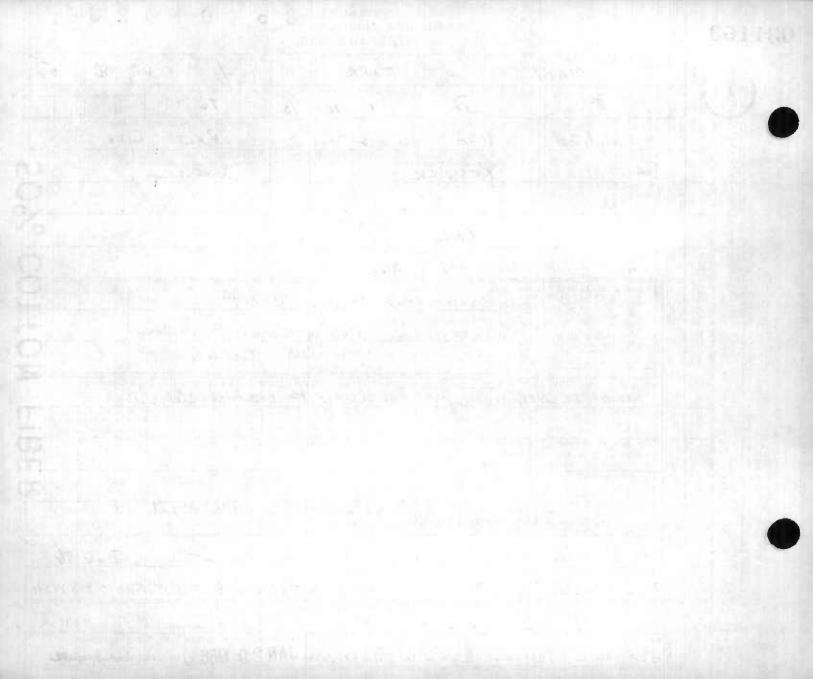
COUNTY

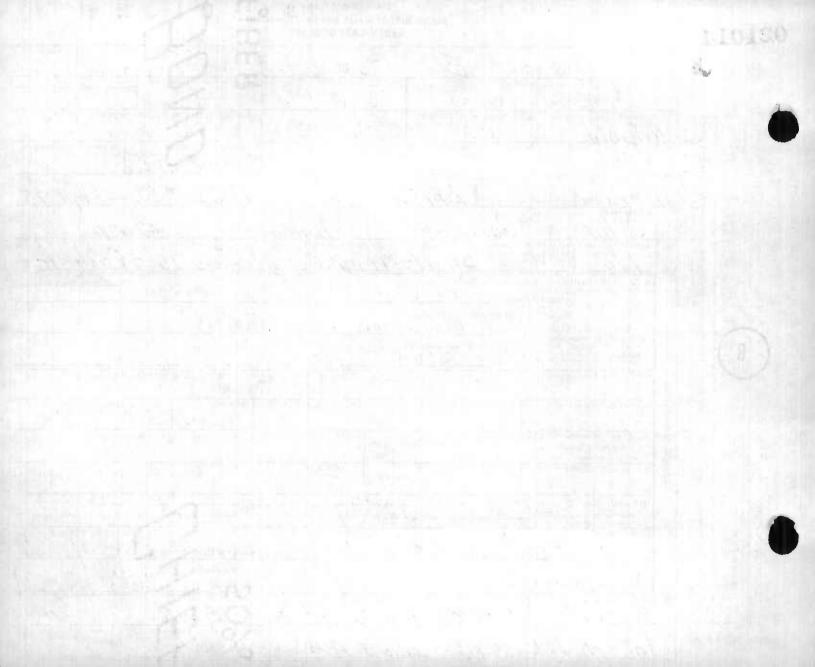
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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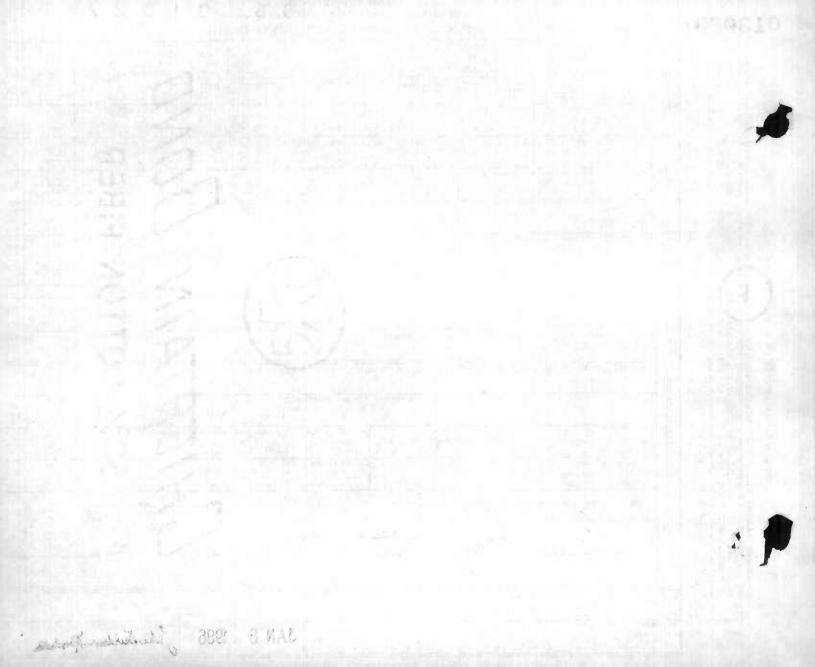
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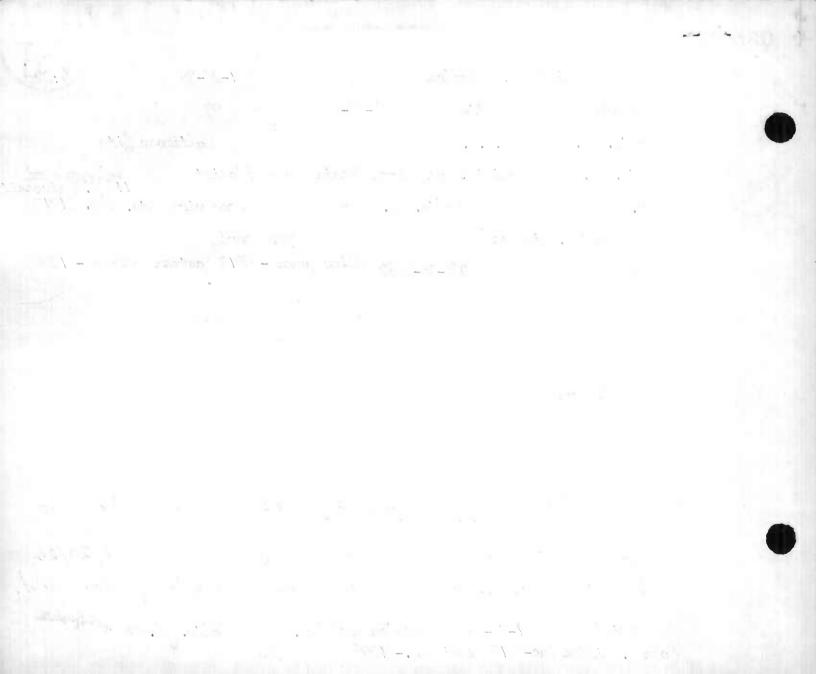
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er, Milan F. Feitz, V. Coverette Pavy., Ealto., Mc

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEDIT 013090 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINTI ESTI-19 86 Ethel DEATH MATED XX 1-3 Μ. Fernandez 4. RACE PES 1, 2, AND 3 TO THE FUNERAL DIRECT P.P.M. 3. RETAIN PAGE 5 FOR YOUR FIL AND 2 SHOULD BE FILED, WITHIN 72 HOL FVITAL RECORDS, 201 W. PRESTON STDE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER) YR. IF UNDER 24 HRS 26 HOUR 4:04 DATE MONTH LAST BIRTHDAY PRONOUNCED 11 12 73 19 86 Female White 8 DEAD p. M 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. DIVORCED X Maryland WIDOWED Baltimore City, IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Tailoring Seamstress Washington St.-rear yard Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 208 S. Washington St. 21231 Balto. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Consuelo MIDDLE FIRST Bajen Fernandez Antonio 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 8347 Mindale Cir. (YES, NO, OR UNKNOWN) Balto., Md. 215-05-9990 Ms. Aurora Hagegeorge No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot Wound of Head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIA HEALTH AND A AL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION USED AS 19a. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? (head only YES XX NO EXECUTE THE CRITICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY est. 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING KOR subject shot herself CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME IL LOCATION AT WORK NOT WHILE 208 S. Washington St., Baltimore, Maryland home - in vard (nead on 220. I certify that I took charge of the remains described above, held an Inspection Autopsy Suicide XX death resulted fung Homicide Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL 1-6-86 Assistant DATE Dennis F. Smyth, M.D. 111 Penn Street, BAlto., Md. EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 1/6/86 Removal 07/84 25M 24 FUNERAL DIRECTOR JAN 8 1986 256 PEGISTRAP'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Anatomy Board Balto., Md.



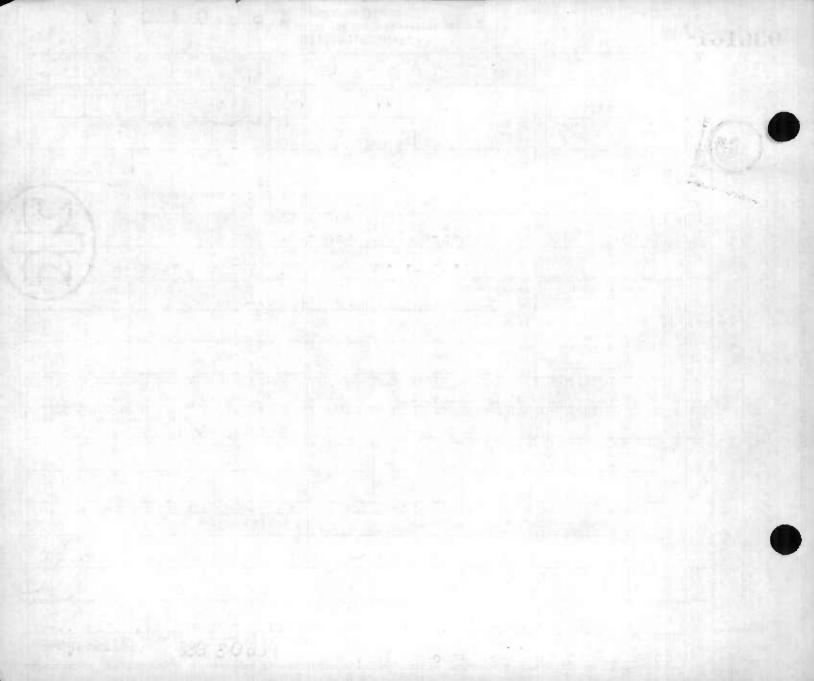
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ORE, MA	nd comple	OU.		FINAL W. F. VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	iedler	CIAL SECURITY NO.	Emm	- 6013 Easte	SS	
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NOISINIG	ENDING PHY: tal or attending OR. After this or use as the but thealth and M.	is morked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that While has saw the deceased alive o	on // 2/	ed from Au	211 LOCATION STREET 3 , 19 7 and that in (59) (our) opinion	en death occurred an the do	26 , 19 86	, that (I) lost
	TO HOSPITAL OR ATT retained by the hospi TO FUNERAL DIRECT should be detached for with the State Dept. of with the State Dept. of	E		226 FIGNATION OF THE PHYSICIAN'S NAME (1796 DAVID D.	Pollins m	N N	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 500 W. U.	placetor physic	F _ //	27/86 40 70 Md
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	STATE OF MARYLAND
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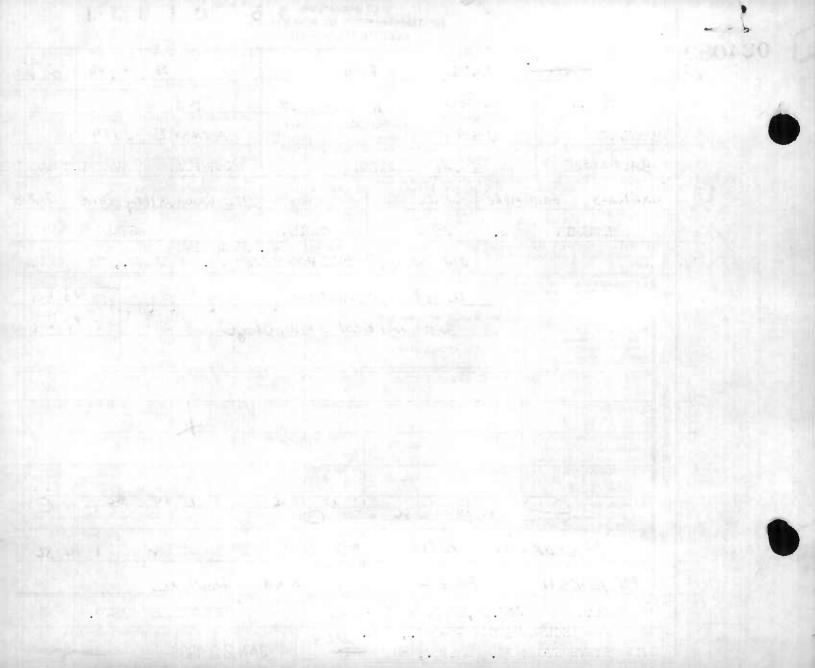
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noy be	(TYR)	HAZEL	M	Ė	TEL	DER	JANUR	RY 31	1984.	245 PM
000	3 SE	X	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
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4 2 se	M F	ATHER'S NAME	MIDDLE	LAST.		IS MOTHER'S MAIDEN NAM	ME			
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be exected and s. Pages		YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	221-20-	-1419	Robert H.	Fielder	Same	as #13	3
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n. has be permi	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING	F DEATH?
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JG p otter ter t ter t h one rked	×	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE FA	IRM ETC)	ZIKEEL	CITYON	TOWN	COUNTY	STATE
NDIN I or Use o tealth		220.1 certify that (1) (this haspit	al) attended th	e deceased fram	NAZ	25 1986			9_86_ the	at (II (we) last
spito Spito Spito of h		saw the deceased alive an above, (I) (we) (did) (did na	view the bady	alter death	10 . an	nd that in (my) (aur) apinion o	death occurred on the	date and have	and Iram the car	uses stated
hos hos hed hed ept	- 63	226 SIGNATURE	. 0		- (DEGREE			22c DATE SIG	GNED
TAL C yy the RAL D detoc fote D	- 3	- clen bi	salker		Ms			AFF	1/3/	186
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	23a 8	URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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ge 4 moy be ector, page 3		3. SE	Female	Lexandr unclviq 1. RACE	ia Olgo Vhite	S. DATE C	AST Finch INCHIO	6. AGE (IN YEARS LAST BIR	YRS.	86 NDER 1 YEAR THS DAYS	26. HOUR TOPM IF UNDER 24 HRS. HOURS MIN.
er deoth. Po e funerol dii within 72 hau	ed of once.	W	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia TY OR TOWN OF DEATH	U.S.A		MARRIE WIDOWE	R OTHER INSTITUTION	9. BALTIMORE CITY O Baltimon	e (ity	2b. KIND OF	MD. BUSINESS OR
T to	The following	USU.	Baltimore AL RESIDENCE (IF NURSING HOME OF DISTANCE OF NURSING HOME OF NURSING	R OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS? YES TO D	Retired	na Stre		Steel
E, MARYLA! uted within	Sex Seminary Control	14. F/	THER'S NAME John VAS DECEASED EVER IN U.S. AR	MIDDLE	Harator Tibb SOCIAL SECI	rik	15. MOTHER'S MAIDEN N. Afrest Anna			Marko	
LTIMORE De exect n ond Poges	he medico			VE WAR OR DATES)	233-36-	6449	Thomas S. F.				24 LATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the distriction is executed within 24 hours to thending physician. When this certificate has been signed by the outline the certificate has been signed by the outline the serial permit. Then please remo-	r to buriol, cremotian injury, or other troumotic ev	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUENCE SON AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF	Lung CH	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
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NVISION OF VI NG PHYSICIAN offer this certifical	h ond Mentol Hy orked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE [IF ETHER, NOTIFY MEDICAL EXAMINE] 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	ATH HOUR A R) P		AY YEAR 19 FARM, ETC)	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
OR ATTENDO e hospitol or DIRECTOR: A	State Dept. of Healt		22e.1 certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body			d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF	F _		
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	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 1
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tor. poge ofter deat	3 SEX M ALE	4 RACE CAUSASIAN	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) I	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
oth. Poge 72 hours	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DF DEATH
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nn 24 bour	MARYLAND 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY LTAMORE BALTIM	ORE 134. INSIDE CITY LIMITS?	130-STREET ADDRESS / ZIP CODE 2922 Woodvally	Drive 2120
omplete	FATHER'S NAME FIRST BENJAMIN	J. FINE	15. MOTHER'S MAIDEN NA	MIDDLE	ГЕ I GEŘ
be execu on ond c	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU- INVE WAR OR DATES) 914-24.	IP. INFORMANT MRS 2922 WOODVA	• JILL FANEESS LLEY DR. BALTO	., MD 21208
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

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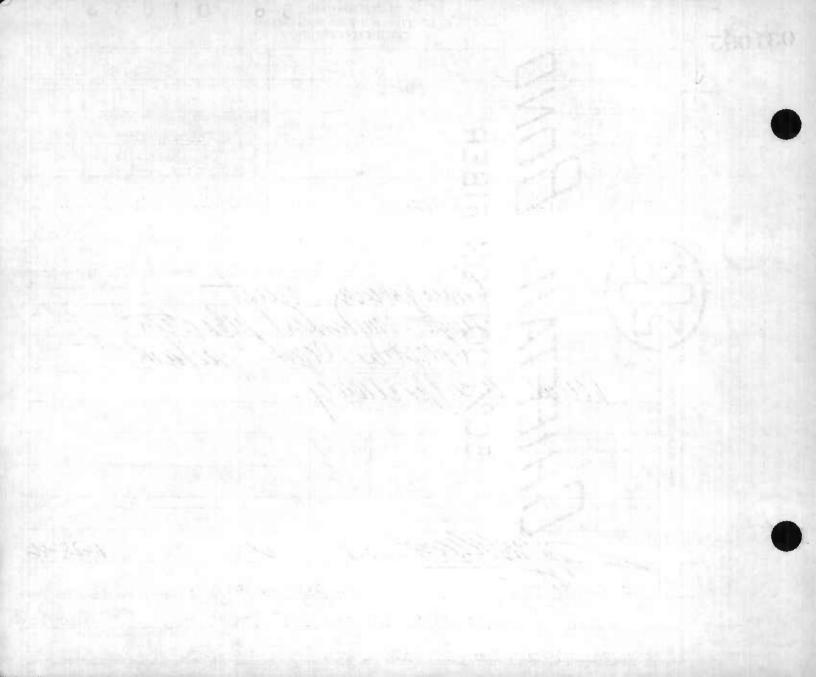
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20	13a. S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e STREET A				Balt	imore
and the		aryland	Comment		Baltimo	re	YES 🔣	NO 🗌	1309 I	Broeni	ing R	gwy.	Md.	21224
	14. FA	THER'S NAME FIRST	181710	MIDDLE	LAST			MAIDEN NA/	WE	MIDDLE			LAST	
		Julius		M. M.	Zielin		Jen						rows	
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT		ADDRES				tor Dr
		No			216-20-6	5070	Ms. Pa	tricia	Fell ·	_	Balt			21220
	100	18 CAUSE OF DEATH			line far (a), (b), on	dici.)			BUT A		757	BETWE	OXIMATE IN EN ONSET A	ND DEATH
	-	PARTI DEATH W		E CAUSE (a)	K95PIRF	TORY	ARK	FSI			1800			
	23	TU AND CASE		DUE TO, OI	R AS A CONSEQU	ENCE OF							i	
	93	Canditians, if any,		(b)	CERVIC	AL C	ORD	MIETAS	TASES		-4-		11	no
		couse (a), statin	g the	DUE TO, OI	AS A CONSEQU			0.11	ma 1/.	1 1	se ale	hal	3	
				107	DORLY DI		QUAMOU.		CA HEL	10C+N	ice,	Mer-		100
	NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	ITION GIV	EN IN PART	lia	
フ	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	20a AUTO	PSY?		WERE FINE		
-	RTIF		30						YES 🗌	NOD	YE	s 🗌	NO	
7		210. ACCIDENT WAS UND		1 216 TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NAT	URE OF INJURY	IN ITEM IB P	ART 1 OR PART 2)	
1	CAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER		Μ.	- 19	5000				No.	1000		
	MEDICAL	21d. INJURY OCCURR		21e PLACE (OF INJURY	FARM, ETC)	211 LOCATIO	N		CITY OR TOW	7	COUNTY		STATE
	-	AT WORK NOT WH	RK					V-3 50		,	1.00		0.00	
		22a 1 certify that (1)		1/-/	e deceosed fram_	07-10	2/86	. 19 Ba	, to/	15			_, that (I	
н		saw the decease above, (1) (we) (a			ofter death.	,	nd fhot in (my)	(our) opinian (death occurred	an the dot	e ond hav	and from t	ne causes	stoted
		22b. SIGNATURE		1			DEGREE	TTENDING	MEDICAL _	STAFF		224 DA	TE SIGNE	0/1
		())an	2 m	ta	unlau	L MM	5 F	PHYSICIAN [DIRECTOR	PHYSICI.		1	13/	88
		22d. PHYSICIAN'S NA	AME (TYPE O	RPKIN			22e ADDRES	5	01	/1	2 1	1		
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		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR C		23d COCA	TION	Bill	COUNTY		STATE
ı		Buria	1	01/08	/86 Oa	k Law	n Cemet	ery			Ba 1	timore	2 ,	Md.
		JNERAL DIRECTOR			ADDRESS			250 DAT	REC'D. BY RE	CISTRAR 2	56 RIGIST	RADIS SIGN	ATUSE	dell's
		Walter Dab	rowsk	i - 1005	Dundalk	Ave.	, 21224	AUI	T	444	1 ma	-	1	4

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND



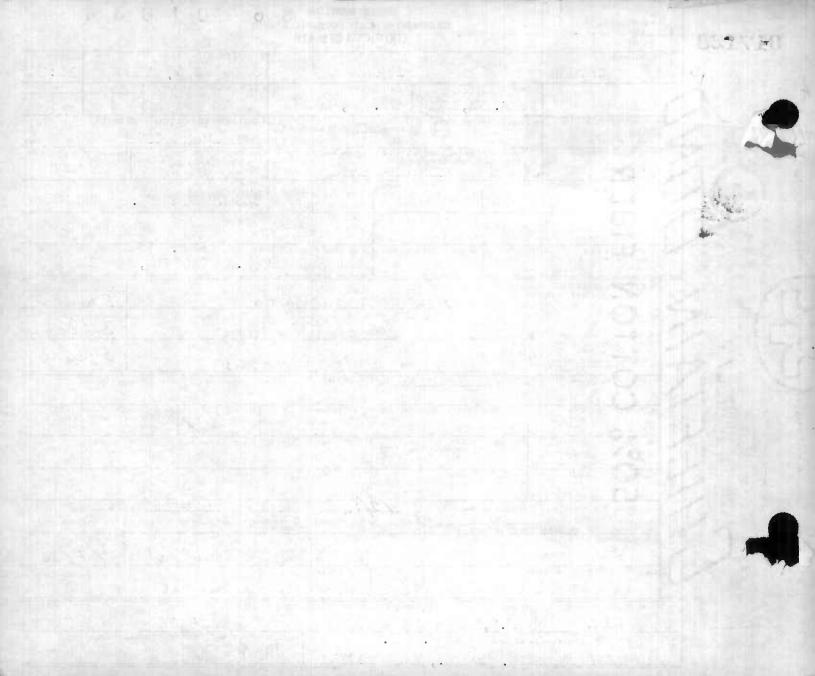
DHMH - 16 60M 7/B4 (VRA 15, 4)

6010 REISTERSTOWN RD.

	1 - STATE REGISTRAR	DEPARIN		ICATE OF DEATH	REG. NC).				
	1 DECEASED NAME FIRST	WIDDIE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
1	(TYPE OR PRINT) ESTHER		FISH	ER	JANUARY :	7, 1986	5	11:10 ^P		
4	3 SEX	4 RACE WHITE	5 DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS		
ı	FEMALE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	APR.	24, 1921 EAR	64	YRS	DATE	Music Market		
1	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
2	MARYLAND	USA	WIDOWE		BALTIMORE	E CITY		MD.		
9 4	JO, CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) 12	JOUSTRY	HOME		
d	BALTIMORE	JOHNS HOPKINS		PITAL	HOUSEWIF	E	AI	HOME		
4	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUN MARY LAND PRIN	NOTE GEORGES OXON	HILL	13d INSIDE CITY LIMITS?	134 SIREET ADDRESS LOUERD	ES DR.	#2(0744		
	FATHER'S NAME FIRST REUBEN	SANDLER		13 MOTHER'S MAIDEN NAME OF THE BERTHA		MERMI	ELSŤÍ	ĖIN		
4	160 WAS DECEASED EVER IN U.S. AR		RITY NO.		GE TRVINGOR			9=145		
4	(YES NOOR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		103 LOUERDES	DR. OXON	HILL, M	D 20	0744		
2	Canditions, if any, which gave rise to immediate cause for, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 1190 DATE OPERATION	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF CONTRACT BUT		LUCE hosis INAL DISEASE OR COND 200 AUTOPSY? YES NOW	20b. IF YES, WE	3 y	NGS USED		
1	210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)			
1			AY YEAR							
	ORCONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOV	NN C	COUNTY	STATE		
Ş	220 I certify that (I) (this hasp	n 19.8	(6, ar	nd that in (my) (aur) opinian	, to			that (we) lost		
4	276. SIGNATURE Daniel 2	E Clemen,	9.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	22c DATE	7-/86		
	226. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS		- P				
	Danielh	. Clemens, M	D	Johnstop	Kins Hospit	al				
	230 BURIAL, CREMATION, REMOVAL	1 23b DATE 23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COL	UNTY	STATE		
	BURIAL			AMUNO	BALTIMO	DRE	M	IARY LAND		
	24 FUNERAL DIRECTOR SOL I	LEVINSON & BROS.	INC.		E REC'D. BY REGISTRAR	156 REGISTRAR'S	5 SIGNAT	URE		

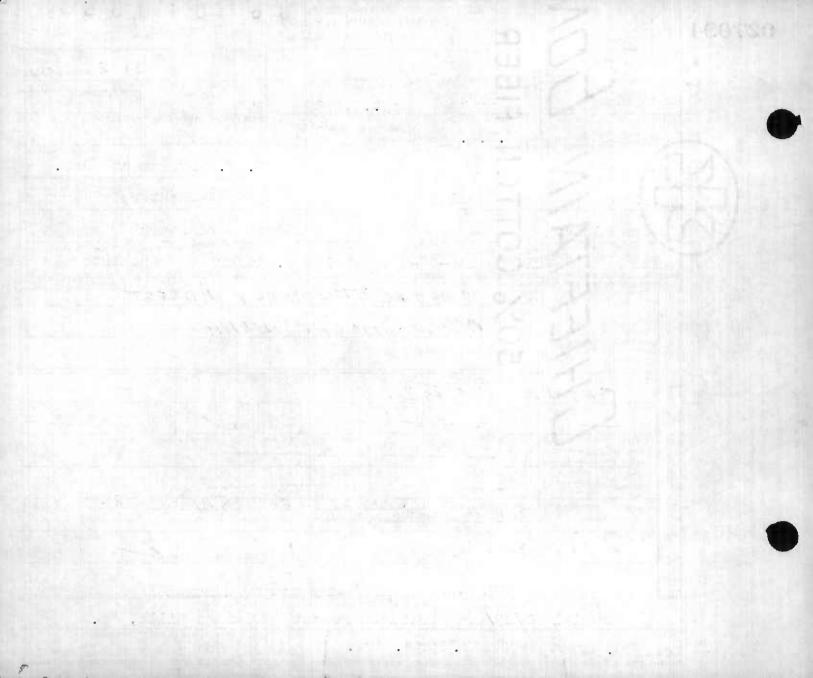
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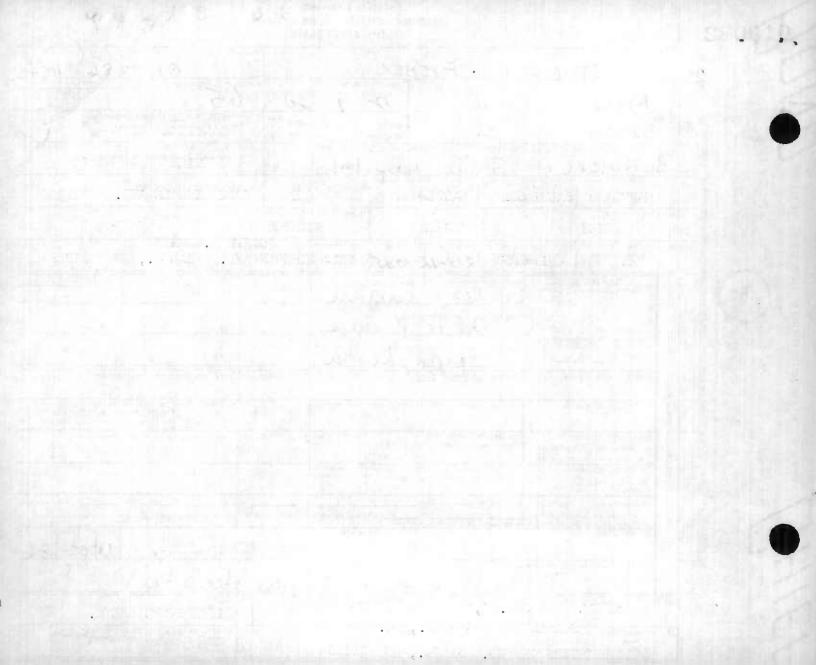
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STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

027094	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	6 O IENE REG. NO	103	5
n = 10		CEASED NAME FIRST OR PRINT)	MIDDLE	ı	AS1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
oy be	_	GEORG			ISHER	4.005	1 21 80	25 117
oge 4 merector. p	3. SE	Male	Black			6 AGE LIN YEARS LAST BIRT	YRS DAY	
Jeoth. Po	Ma	RTHPLACE ISTATE OR FOREIGN COUNTRY) ryland	76 CITIZEN OF WHAT COUN	WIDOWE		BALTIMORE CITY OF	COUNTY OF DEATH	MD.
s ofter o	100	LTIMORE CITY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UNION ME			120 USUAL OCCUPATION OF OF WORK FOR MOST OF OV	on 126. Kind working life) Industr ernment	Ret.
filled in could be f	130 S Ma	AL RESIDENCE HE NURSING HOME OR STATE 136 COUNTY 136 CO	OTHER INSTITUTION GIVE RESIDENCE ITY Balt:	REFORE ADMISSION) ROWN LMOre	13d. INSIDE CITY LIMITS?	3006 Apresh	21	Terrace
mpletely ond 2 sh	- 1	orge Fisher	MIDDLE LAS	51	15 MOTHER'S MAIDEN NAM	1110015	bury	AST
Poges Medical		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL 218-0	SECURITY NO. 05-2540	17 INFORMANT Gabelle C.F	isher 300	6 Auchent	217 ordly Te
deoth certificate ysicic microscopic files		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	ly one couse per line for (o), (DBY) E CAUSE (o) DUE TO, OR ALACONS (b)	2DIAC	E PULMONA 10 CARCII		REST APPRIME	DXIMATE INTERVAL N ONSET AND DEATH
irres that the	7	couse to, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1 0
the low requion.	CERTIFICATION	SEVER	E C.O. F	I MANUAL P	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
g physicic g physicic entificate nol-tronsi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AND CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART 2	
offendir offer this the bu so the bu hond Murked or I	MEDICAL	WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	YN COUNTY	STATE
spital or CTOR. Al for use of Healt		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no	JAU 18	0/	d that in (my) (our) opinion of		te and hour and from th	, that (1)(we) lost te couses stated
At OR the host		226. SIGNATURE	Evelius		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	1	TE SIGNED
HOSPITAL ined by the FUNERAL uld be det inthe State ORLANT:		22d PHYSICIAN'S NAME TYPE O	RPRINT		22e ADDRESS			
TO HOSE should be with the MADORIA			EVELIUS, M.D.			RIAL HOSPITA	T.	
BP	230 B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	1/23/86		n Forest	Owings M	ills, Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU Lei	oy O. Dyett	4600 Lib.Hg	ghts. A	ve. JAN	REC'D. BY REGISTRAR		





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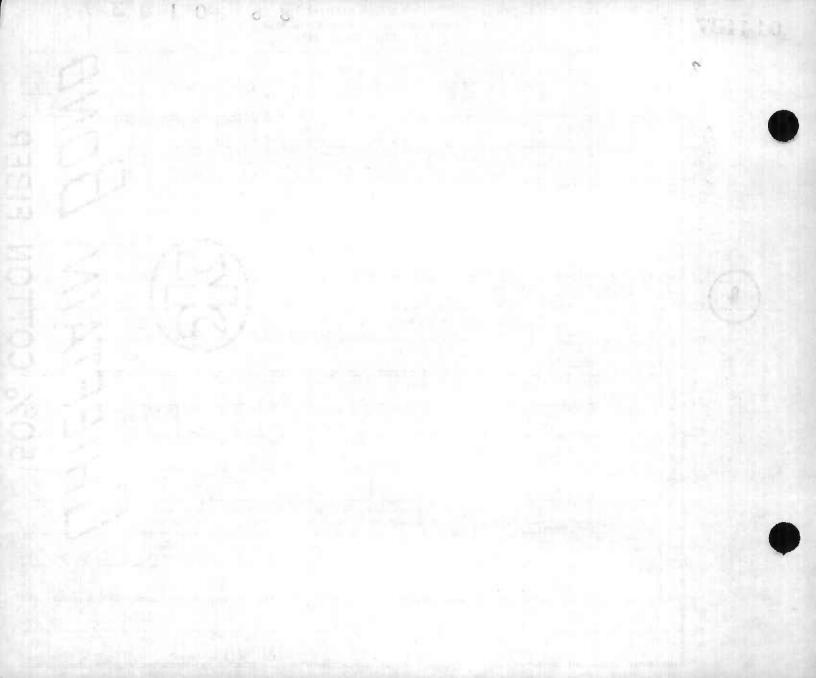
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(VRA 15, 4)

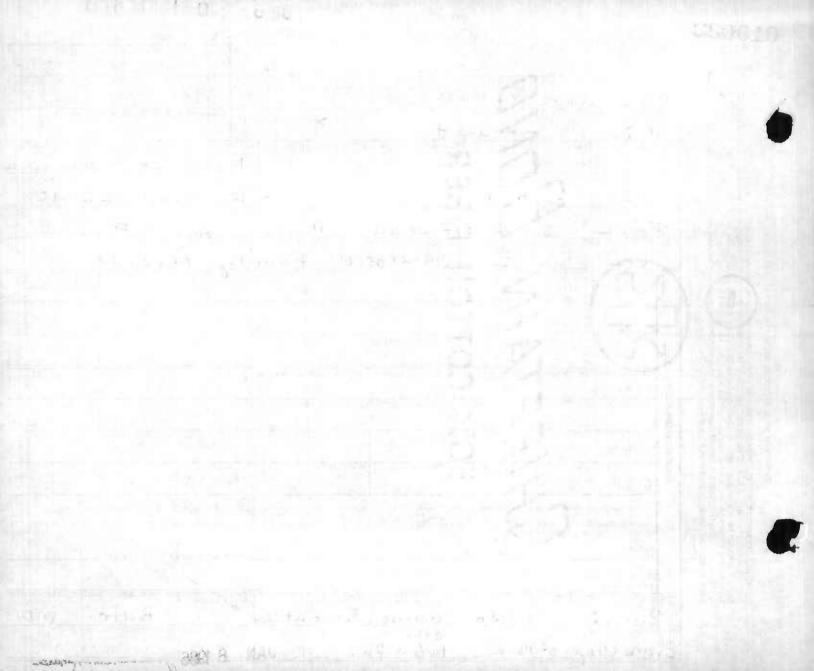
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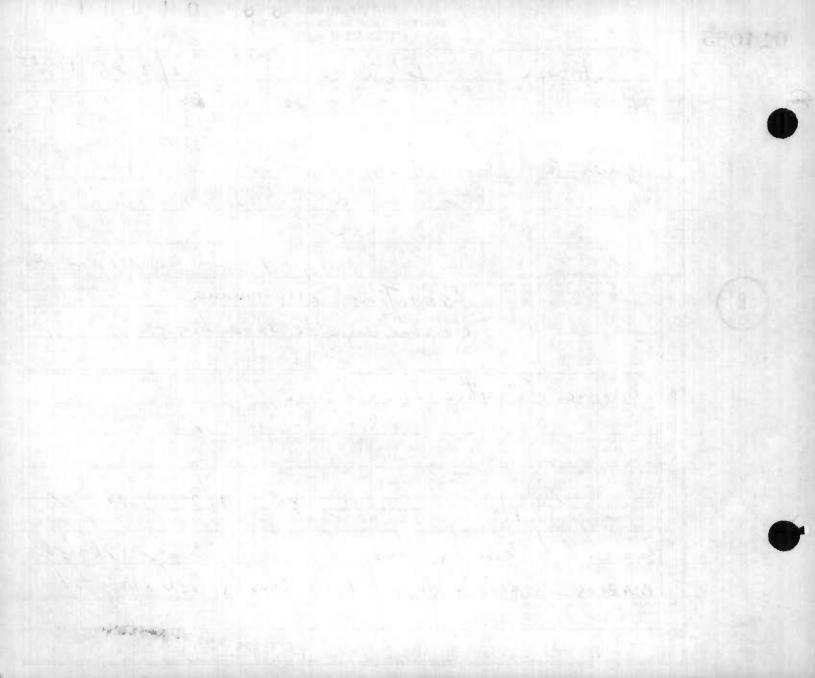
1413	37	FOR STATE REGISTRAR			DEPART	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HY	6 GIENE	0 1	0
	1	I DECEASED NAME	FIRST		MIDDLE	LAST		20 DATE OF D	EATH MON	NIH
y be ge 3	P	(TITE OR PRINT)	LULA		LEE	FLEMING			1	6
e bo	1	3 SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDA	(Y)
ge 4 rector urs off		FEMALE			BLACK	MONTH DAY	1917	68	1 TE	YRS
0 50		To RIPTHDI ACE	CONTORE-CAL	74 CITIZEN	LOE WHAT COUNTRY?	9		O DALTIMODE	CITY OR C	OLINITA

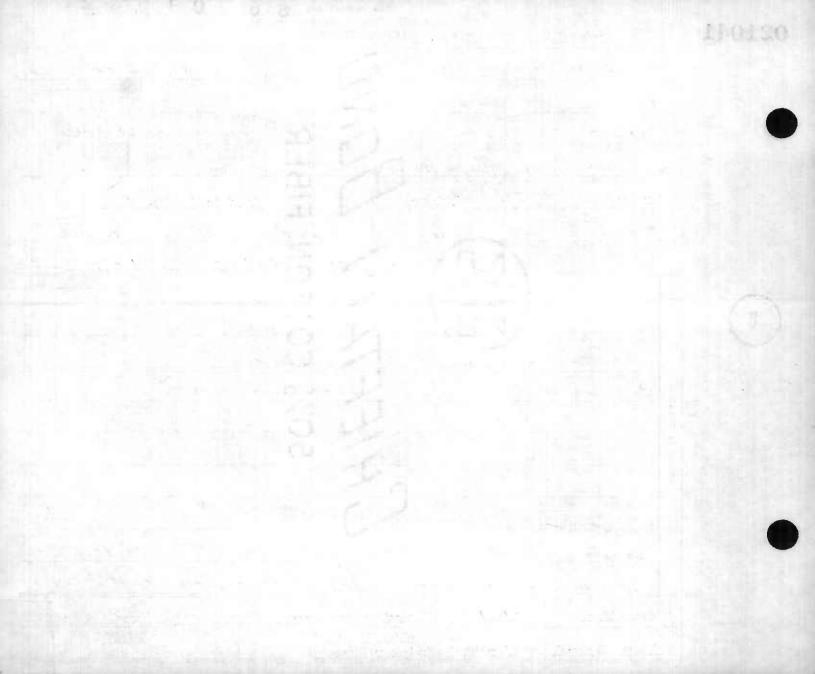
10		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR							
8	(177)	LULA	LEE	FL	EMING	1	6 86 12:28P M							
	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS							
	15	FEMALE	BLACK	MONTH 6	6 1917	68 YR	MONTHS DAYS HOURS MIN.							
440		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR COUL								
6/4		EORGIA	II C A	WIDOWE	D NEVER MARRIED		V							
7-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI			RAI TIMORE CIT	126 KIND OF BUSINESS OR							
1/2	P	ALTIMORE	MARYLAND GEN	FRAL HO	PITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY								
3	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE				SELF EMPLOYED							
20		ARYLAND 136 COL	INTY 13c. CITY OR BALTI		13d INSIDE CITY LIMITS		ODE 3824 NORFOLK AV							
	-	THER'S NAME	TUALTI	MONE	15 MOTHER'S MAIDEN	BALTIMORE, MAR	YLAND ZIZI6							
OC		HENRY	RUC RUC		FIRST LALIDA	WIDDLE	LAST							
9	16n V	VAS DECEASED EVER IN U.S. A		SECURITY NO.	LAURA 17 INFORMANT	7004 NOOADBRESS AL	MADDOX							
			IVE WAR OR DATES)			3824 NORFOLK A								
				0-1128	SARAH BROWN	BALTIMORE, MAR	YLAND 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUS		one couse per line for (a), (b), and (c) BY: CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE										
		IMMEDI.	AR DISEASE	10 year										
	4.11		0											
		Conditions, if ony, which gove rise to immediate (b) dy previous 'Essentes'												
hert	-	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF												
or 01	- 11	underlying cause lost (c)												
, , , ,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	FICATION	19a DATE OF OPERATION	196 CONDITION FOR W	I I I I I I I I I I I I I I I I I I I		200 AUTOPSY? 206 IF YES, WERE FINDINGS LISED								
7		DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?								
S S S	CERTI	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. 1101// 1511/12/2000	YES NO	YES NO							
2G	-	OR CONTRIBUTING CAUSE OF D	110110 111 1101171	DAY YEAR	ZIE HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)							
To I	CA	(IF EITHER NOTIFY MEDICAL EXAMIN		19										
5	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE							
		AT WORK AT WORK												
			outol) ottended the ideceased fr				, 19_ <u>86</u> , that (1) (we) lost							
7		sow the deceosed alive a above, (1) (we) (did) (did)	hour and from the couses stated											
5		226 SIGNATURE	220 DATE SIGNED											
		Summy 1	1/4/41											
		224 PHYSICIAN'S NAME (TYPE	ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN (1496 OR PRO-											
IMPORT		SIMON CARTER	, M. D.											
£ -	230 E	URIAL, CREMATION, REMOVA	L 23b DATE	23c NAME OF C	EMETERY OR CREMATOR	y 123d LOCATION								
		BURIAL			IDGE CEMETER	CITY OR TOWN	COUNTY STATE							
	24. N		UNERAL HOME, I	NC		ATE REC'D. BY REGISTRAR 25b REC	LTIMORE, MARYLAND							
7/84	25	OI GWYNNS FALL	S PKWY. BALTIM	ORF MD		IAN : 0 1886								
4)		OT GHILLIAN I VEF	O I KHI . DALITH	UILL , IID	71710	Mid I I I was								



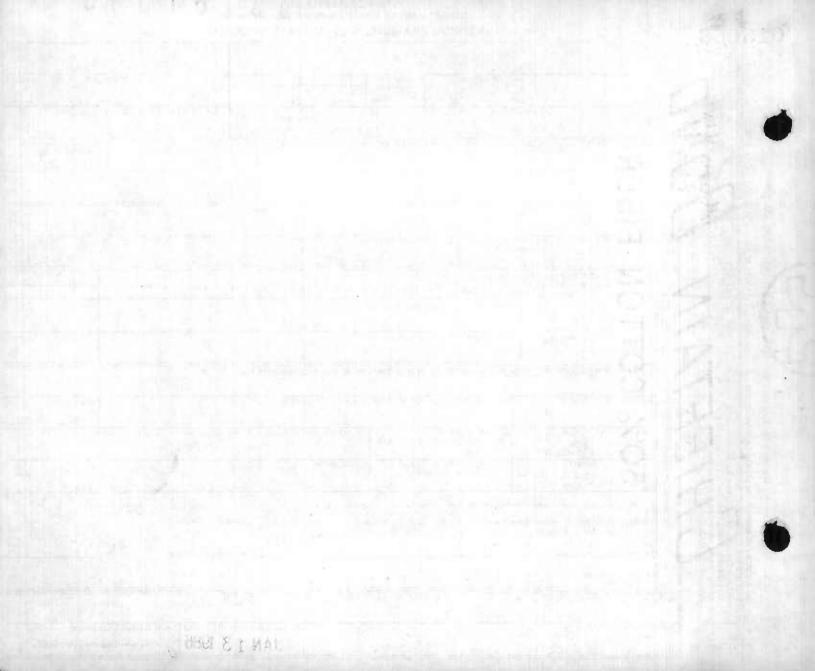
STATE OF MARYLAND 010032 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Frank James Florian DEATH MATED 86 JR 10 SEX 4. RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 52 YRS DEAD 1986 Th CITIZEN OF WHAT To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS Francis Scott Key Medical Center achinist Baltimore Nestinahouse HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [] NO EX John Drive FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marie van oriavi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. WW II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. USED AS A E OF HEALTH Diabetes Mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE USE 3 SHOULD BE USE DEPARTMENT OF YES NO V 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED III LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE TO FUNERAL DIRECTOR: PACAGETER DEATH, WITH THE STA Inspection X 220. I certify that I took charge of the remains described obave, held on Autapsy Inquiry and in my opinion death resulted fram: Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL SIGNED. 1/3/86 Assistant MEDICAL EXAMINER SAGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT) 111 Penn St ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION MD. Burial Garrison torest 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** vans Chapel of Memories (VR A15 ME (5))







								ARYLAN		6	0	1 0	1-1	3	
		FOR STATE				MENT OF				YGIENE					
6066	and the same of	REGISTRAR	FIRST	ME	MIDDLE	EXAMIN	IER'S		LATEO			REG. NO.			
67		CEASED NAME E OR PRINT)			WIDDLE	FARRE	~~	LAST		20	DATE KN	STI-	HTMOM	DAY YEAR	2b. HOUR
WITHIN 72 HOURS				HN		FORRES			28-0		OF E	ATED []			M
STR	3. SE)		4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YE.		DER 1 YR.	IF UNDER 2		DATE	D	MONTH	DAY YEAR	2d HOUR
NO			BLACK	1 26	1932		RS.				DEAD		1-11-8		B:40A
HIS C		RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUN	TRY?	8 MARR	IED NEV	ER MARRIE	ED 🗆 9	BALTIMOR	RE CITY OF	COUNTY	OF DEATH	
52		RYLAND		U. S.	Α.		WIDOW		DIVORCE		Baltin				MD
200	10 CI	TY OR TOWN O	OF DEATH	II. NAME OF HOS	SPITAL, NUI	RSING HOME	, OR OTH	ER INSTITUT	TION		ST OF WORKING		OF WORK 121	DERINDUST	SINESS
200		Baltimon				ew Avel				FORE			S	ANITAT	ION
8		L RESIDENCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, G		OR TOWN	ON)	13d. INSIDE CIT	TY LIMITS?	13e STREE	T ADDRESS	4129		IEW AV	
3		RYLAND		A STATE OF THE PARTY OF THE PAR		IMORE		YES X			IMORE,				
	14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDE		MIDD			LAST	
SC	М	ARSHALL		Middle	FO	RREST			NCES		MIDD		WI	LLIAMS	TO THE
1	160 V	VAS DECEASED	EVER IN U.S. ARA	NED FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORM				AD4 1 29		VIEW A	
1		YES	KORE		218-	26-545	8	MS. G	FRTRU	DE EC	DRREST				21216
		18 CAUSE OF	DEATH (Enter onl	v one coure per line	for (a) (b)	and (a))			-				THOME	APPROXIMATE BETWEEN ONSE	EINTERVAL
		PARTIDE	ATH WAS CAUSED	BY: A	rteri	oscler	otic	cardi	ovasc	ular	disea	se		BEIMEEN ONSE	I AND DEATH
8		Tel.	WWEDIAI		AS A CON	SEQUENCE	OF								
AL HYGIE REMOVA			s, if any, which	(b)									- 5		
Z &		cause (a)	stating the <u>under</u>		AS A CON	SEQUENCE	OF		1						7555
9, 21201 PRIOR TO BURIAL, CREMATION,		lying caus	e last.	(c)											
¥		PART 2 OTHER SIG	NIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT RELA	1ED TO THE TERM	INAL DISEAS	E DR CONDITION	GIVEN IN PAR	T I (a)					
CREA	CERTIFICATION	107													
IN /	3	19a. DATE OF	OPERATION	19b. CONDI	TION FOR Y	WHICH OPER	M NOITA	'AS PERFOR	MED?					20 AUTOPSY	?
5	E													YES 🗌	NO X
0	W.	210 EXTERNA		216. TIME O HOUR A.M		DAY YEAR	21c H	YAULMI WC	OCCURRED) (ENTER NA	TURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
	S S	CONTRIBUTION	IG CAUSE OF D	EATH P.N	۸.	19									
	MEDICAL	214 INJURY O	CCURRED		OF INJURY			CATION	200	717	CITY OR TOWN		COUNT	·	STATE
	2	AT WORK	NOT WHILE C			.,					CITION TOWN		200,11		JIAIL
D, 4		22a I certif	y that I took charge	of the remgins de	scribed abo	ve, held an	Autop	sy .	Inspection	X	Inquiry	and	in my opini	an	W L
3		death resulte		X	Accident		icide	, Hamici		-	mined mann		, 55111		
BALTIMORE, MARYLAND, 2			A1.	4 ,	1/ 1								1	11 00	
₹		ACTUAL SIGNATURE_	Wordone	e line	150 W		AA	ASS	sistan	MEDIC	AL EXAMIN	FP	DATE -	-11-86	
OR					V	11 M F			L1 Per			LK	SIGNED.		
ALL C	-	EXAMINER'S I	Mar Mar	garita A.	. Kore	١١,١٧٠.	,	ADDRESS_	LI rei	111 36					
-	23a.B		ION, REMOVAL 23	B DATE	23c. N	NAME OF CEA	METERY O		RY	23d. LOC	ATION		COUNTY		TATE
	(3		RIAL	1/16/198	6 GA	RRISON	FORE	ST VE	TERAN		TOWN	BALT	IMORE		
7	24 F	NULTATE PEC	SONS FL	JNERAL HO		NC.		12	Sa DATE RI	EC'D. BY R		25h REGIS	TRAR'S SIG	NATURE	
))				PKWY. BA			. 212	216	JAI	N 13	1986	1	ment do	n-Aande	BL
												17			-



			FOR FTEM	Humber	13e-P6	EPARTMENT OF	TE OF M	ARYLAND AND MENTAL H	RIENE	0	1 0	41.	4	
	23036		STATE 1-24	-86 Diu	MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	F DEAT	н ,	REG. NO.			
			EASED NAME	FIRST		MIDDLE		LAST	20	DATE KNO	WN X MO	ONTH DAT	YEAR	26 HOUR
	12 × × × × ×	{TYPI	OR PRINT)	John			FO	ster		OF ES	TI	1 /19	19 86	
	LESSARY, PLEASE ULIFIAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS W, PRESTON STREET,	3 SEX	4. R		DATE OF BIRTH	6 AGE (IN Y		DER 1 YR TIF UNDER				NTH DA		2d HOUR
	RECOURT OF THE STATE OF THE STA			A	AONTH DAY	YEAR LAST BIRTHE	Month			DEAD		1 19	06	112.16
1/2	N Y D N Y	70 81	RTHPLACE (STATE)	BLACK	12- 23-		RS.		0	BALTIMORE	CITY OR CO		17 00	PM
	NARRERO>	FO	REIGN COUNTRY)	V.A.		AT COUNTRY?		ED NEVER MARRI	IED L		munas .		DEATH	
	CORE, MD. 21201 S. DEATH. IF ANY DELAY IVE AGES 1, 2, AND 31 OF HE FUL R.M. PM. 3, RETAIN PAGE 5- I. AND 2 SHOULD BE FILED, W. I. OF VITAL RECORDS, 201 W. F.		IMBERLAND		u.s.		WIDOW			Baltim		ah.	IN ID OF SILE	MD
	SEGEN S	10 C1	TY OR TOWN OF I		LIE NOT IN SUCH FAC	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION		LOCCUPATION OF WORKING		ORK 120 K	IND OF BUS	Y
. 0	SS. SE F		Baltimor			fman St.								
	OR AND A	USUA 1841 SI		13b COUNTY	HER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS		13d. INSIDE CITY LIMITS?	13e STREE	T ADDRESS				
~	Z SECOND	IM	(, 1).	And minimum and	and or highlighten but	BALTIN	GRE	YES NO	1242	C. EAST	HAFFA	MANST	2121	1.3
	MD.	14 FA	THER'S NAME		IDDLE			15. MOTHER'S MAIDE	EN NAME	MIDDLE			LAST	
	S S S S S S S S S S S S S S S S S S S	DI	RUBIN FOS		IDDLE	LAST		SARAH	WOODS	ON			LASI	-
	TER DE FORM ON OF	16a. V	AS DECEASED EV	ER IN U.S. ARMED		166. SOCIAL SECURI	Y NO.	17 INFORMANT			DDRESS			
	IRS AFTER DEA S. GIVE PAGES WITH FORM P WITH FORM P DIVISION OF	(YI	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	2 Million		MRS DAV	FNPOR	T 1208	n. CL	IRLY S	ST	
			18 CALISE OF DE	ATH (Fear ask as		for (a), (b), and (c).)		111100 07114	CIVIOIC		77, 07		APPROXIMATE I	INTERVAL
	ON ST., 24 HOUF TEM 18. ONG W PERMIT. SIENE, D		PART I DEATH	WAS CAUSED BY			otia	aardi orraga	unlaw.	diana	•		WEEN ONSET	
	PRESTON ST. ITHIN 24 HOL CIL IN ITEM 18 VER ALONG A ANSIT PERMIT AL HYGIENE, REMOVAL.			IMMEDIATE C		terioscler		Carurovasc	ulal (uiseas	<u>e</u>			
	MITHIN 24 HICLI IN ITEA NER ALON NER ALON NER ALON NER HICLEN FER REMOVAL		Conditions	of any, which	DUE TO, OR	AS A CONSEQUENCE	OF							
	A TAL		gave rise	to immediate	(b)						9		2779	
	ZOI W. PRE ZOI W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS D MENTAL P ON, OR REA		cause (o) stat	ting the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF					1 4 /		
	IDS, ZOI W. PREST XECUTED WITHIN G. IN PENCIL IN CAL EXAMINER A BURIAL-TRANSI AND MENTAL HY MATION, OR REMO	10			(c)									
	# MENAIS	_	PART 2 DTHER SIGNIFI	CANT CONDITIONS CONT	RIBUTING TO DEATH 8	UT NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 (a).					1-33
	AAT CREEKS	MEDICAL CERTIFICATION								C WILL AS			100	- 125
	SHOULD ORD "PE CHIEF A CHIEF A T OF HEL UNRIAL, C	3	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						2D	AUTOPSY?				
•	SEE	E											YES 🗌	NO X
	O PENE	1 8	210 EXTERNAL C		216 TIME OF	MONTH DAY YEA		W INJURY OCCURRE	D LENTER NAT	TURE OF INJURY IF	NITEM 18 PART 1	OR PART 2)		
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBD TO THE CHIEF ELS SHOULD BE USE ELS SHOULD BE USE OF PRIOR TO BURIAL	3	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	TH P.M.	MONIN DAT TEA	K							
	PRICE PAIN	ED	21d INJURY OCC		21e PLACE O	FINJURY (ATHOME.		ATION						- 12
	DIVISION THIS CERTIFIC WRITTING TH WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	E	WHILE AT WORK	OT WHILE	STREET, FACTO	ORY, FARM, ETC.)	S	REET		CITY OR TOWN		COUNTY		STATE
	DIVISION NEW: THIS CERT CATE, WRITHOUT CATE, WRITHOUT FORWARDED TOR: PAGE 3 SHITH STATE DEPAND, 21201 PRI							y , Inspection	[2]					
	A S S S H S			2 (40.0	1001/	ribed above, held an	Autops			Inquiry L		my opinion		
	Z EBEEZE		death resulted f	Natural c	outes TA	Accident S	picide	Hamicide .	Undetern	mined manner				
	SE S		ACTUAL A	00000	7 bu	ish Way	+	TITLE (SPECIFY)			n	ATE 1	20 0	
	A HE SEE HE WITH THE SEE HE WI		SIGNATURE	ecuns	Jour	7111	M.	D. Assistan	MEDIC.	AL EXAMINE	R S	IGNED	-20-8	0
	JOH 4 MAS		EXAMINER'S NA	ME Denn	is F. Sm	vth. M.D.		111 P	enn S	t., Ba	1+0	MD	21201	
	₩ ⊃ ¬ ~ ≤/							ADDRESS TITLE	CITT O					
	O MED XECUTE AGE 4 O FUNI		(TYPE OR PRINT)						Ind I do		100.,			
		23a B			ATE /	23c, MAME OF CE		CREMATORY	23d LOC		160.,	COUNTY	7.1	ATE
07. 25/	84 BP	23a B							Cul	ation nowher	LANC	FOUNTY	V.A.	NTE .
	84 BP	23a BJ			ATE /				REC'D. BY RI	ation nowher	LANCES REGISTRA	FOUNTY	V.A.	ATE

